IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

CEZARY WOJCIK, Plaintiff, vs. COUNTY OF COOK, et al., Defendants	)	14 cv 4854 Honorable Judge John J. Tharp Magistrate Judge Young B. Kim

PLAINTIFF LOCAL RULE 56.1 RESPONSE TO DEFENDANT STATEMENT

Pursuant to Local Rule 56.1 PLAINTIFF CEZARY WOJCIK, PRO SE, responds to Local Rule 56.1 (a) (3) Statement of Material Facts and Supporting Exhibits field by Plaintiff To DEFENDANTS, the COUNTY OF COOK, PAUL SKRIVAN, DAWN HOWELL, REBECCA MASI, DRUCILLA KILGORE individually, SHERIFF DEPUTY KALOUDIS, SHERIFF DEPUTY ALI, and COOK COUNTY SHERIFF THOMAS DART, in his official capacity:

1. This action arises under Title 42 U.S.C. §1983 and Title 28 U.S.C. § 1367 of the United States Code.

   Plaintiff: Admits

2. Jurisdiction and venue are not disputed and this action is properly before this Court.

   Plaintiff: Admits

3. Plaintiff sues Paul Skrivan, a physician assistant at Cook County Jail; Dawn Howell and Drucilla Kilgore, nurses at Cook County Jail; Rebecca Masi, a Mental Health Specialist at Cook County Jail; Deputy Steve Kaloudis, and Deputy Ali, officers with the Cook County Sheriff in their individual capacity. Plaintiff's First Amended Complaint, at Dkt. 16 attached as Exhibit A ("Def. Ex. A").

   Plaintiff: Admits

4. Plaintiff sues the County of Cook and Cook County Sheriff Thomas Dart in their official capacities. (Id.)

   Plaintiff: Admits

5. On June 27, 2013, Plaintiff was sentenced to ten days of incarceration at Cook County Jail ("CCJ"). (Def. Ex. A, at ¶ 11). At the time, Plaintiff was using the alias Anthony Avado (Plaintiff's Deposition Transcript, attached as Exhibit B, 14:19-21)

   Plaintiff: Admits

Plaintiff affirmatively states that Judge put on sentencing Order in the name of Anthony Avado aka Cezary Wojcik and attached list of Medication from PCP in the name of Cezary Wojcik, evidence is attached Plaint. EX. 6, EX. 20, EX. 21 to Wojcik Declaration.

6. When Plaintiff was sentenced, the judge ordered he serve his sentence at Cermak, a hospital on the grounds of CCJ. (Def. Ex. A, at ¶ 12).

Plaintiff: Denies

Plaintiff DENIES this allegation and further states that defendant's citation to the record does not support it. The cited document says nothing about Cermark Hospital being on the ground of CCJ.

7. The judge also attached a letter from Plaintiff's primary care physician listing medication he had been prescribed by his "personal medical professionals." (Def. Ex. A, at ¶ 14; Exhibit B, ex. 2).

Plaintiff: Admits

8. Plaintiff alleges he did not receive the medication on this list while he was incarcerated at CCJ from June 27 to June 20, 2013. (Def. Ex. A, at ¶¶ 11, 23).

Plaintiff: Denies

Plaintiff DENIES this allegation and further states that defendant's citation to the record does not support it. The cited document shows different dates.

9. Defendant Deputy Kaloudis processed Plaintiff at the Skokie Courthouse, where Plaintiff received his sentence. (Def. Ex. A, at ¶ 15. Declaration of Defendant Kaloudis, attached as Def. Exhibit C).

Plaintiff: Denies

Plaintiff DENIES this allegation and further states that defendant's citation to the record does not support it. The cited document shows different dates. Plaintiff affirmatively states that on the attached Plaint. Doc. EX. 1 to Wojcik Declaration, the date on the Complaint Arrestee Property (23 June 2013) is different than on the Order (June 27, 2013) and both of these happened on the same day.

10. When Defendant Deputy Kaloudis processed Plaintiff, he was using the name Anthony Avado. Plaintiff was processed at approximately 2:14 p.m. on June 27, 2013, and given the jail identification number 2013-0627032. (Def. Ex. B, 14:29-21; Ex. C, ex. 1).

Plaintiff: Admits

Plaintiff affirmatively states that the Judge put on sentencing Order in the name of Anthony Avado aka Cezary Wojcik and attached list of Medication from PCP in the name Cezary Wojcik, evidence is attached Plaint. EX. 20, EX. 21 to Wojcik Declaration.

11. Plaintiff was given good time credit as well as credit for time served, which reduced his ten-day sentence to four days. (Def. Ex. C, ex. 1)

Plaintiff: Admits

12. Plaintiff's property, including the letter, was placed in in transportation bag. (Ex. B, 35:10-16)

Plaintiff: Admits

13. Defendant Deputy Ali was one of the transport officers who drove Plaintiff from Skokie to CCJ. (Ex. C, ex. 2)

Plaintiff: Admits

14. Plaintiff does not know the names of any of the Officers he encountered at Skokie, and cannot identify them. (Ex. B, 31:15-19)

Plaintiff: Admits

15. When Plaintiff arrived at CCJ, Defendant Drucilla Gilore, RN, performed an intake screening at approximately 8:46 on June 27. (Excerpt of Plaintiff's Medical Records, attached as Exhibit D, Bates Numbered SAO Wojcik 00005) Plaintiff does not recall this. (Ex. B, 71:17-72:4)

Plaintiff: Denies

Plaintiff DENIES this allegation and further states that defendant's citation to the record does not support it. The cited document that Drucilla Kilgore, RN (not "Gilore") "performed" an intake screening on 6/27/13 at approximately 2:16pm and that she later "entered" the information at approximately 8:46pm. The document does not support the allegation that the screening was "performed" at 8:46pm.

16. Defendant Gilgore's intake sheet noted that the inmate understood English. (Ex. D, SAO Wojcik 0005)

Plaintiff: Admits

Plaintiff affirmatively states that Kilgore not "Gilgore's" understood English.

17. Kilgore noted the inmate, Avado, appeared normal, and that his vital signs were stable. (Ex. D, SAO Wojcik 00009)

Plaintiff: Denies

Plaintiff affirmatively states that during the intake he complained to the officer about health issues and concerns, Def. Ex. B, Page 37:1-24, Ex. B. Page 38:1-5, Ex. B, Page 58:22-24, and Ex. B, Page 59:1-17.

18. Kilgore also noted that Avado had Parkinson's disease and Alzheimer's disease, and that he took medication for them. (Ex. D, SAO Wojcik 00008, 9) As a result he was referred for further medical assessment. (*Id.* at 00010).

Plaintiff: Admits

19. Plaintiff recalls telling someone when he was being processed at CCJ that he had Parkinson's Disease and Alzheimer's Disease. (Ex. B, 62:5-8, 66:19-21)

Plaintiff: Admits

20. Plaintiff was then evaluated by Rebecca Masi, as a Mental Health Specialist at Cermak Health Services. Masi performed and documented an Intake Mental Health Assessment, which was documented on an Intake 2nd MH form (Ex. D, SAO Wojcik 00010-13). Plaintiff does not recall this. (Ex. B, 71:17-72:4).

Plaintiff: Denies

Plaintiff affirmatively states that the documents does not support that Rebecca Masi is a Mental Health Specialist.

21. Masi noted that Avado's Primary Care Physician gave him a prescription to take two milligrams of Xanax and Clonazepam twice a day. (Ex. D, SAO Wojcik 00011). These were the only drugs Avado mentioned.

Plaintiff: Denies

Plaintiff affirmatively states that Avado's PCP is not Buschkarski but is Jakimiec and also prescriptions were in Wojcik not Avado's name and evidence is attached document Plaint. EX. 20 to Wojcik Declaration. This is another proof that the original was stored in plastic bag.

22. Masi consulted the psychiatrist in RCDC who checked the Illinois Controlled Substance Database to verify if Avado had the prescriptions he reported. Avado did not appear in this database. (Ex. D, SAO Wojcik 00012)

Plaintiff: Admits

Plaintiff affirmatively states that the order had two names (Avado aka Wojcik), Plaint Ex.21 to Wojcik Declaration.

23. Avado reported he was having panic attacks and was very anxious about his condition. (*Id.*)

Plaintiff: Admits

24. Masi advised Avado if these symptoms worsen he should fill out a Health Service Request Form for a follow up appointment. (Ex. D, SAO Wojcik 00013)

Plaintiff: Admits

25. Physician Assistant Paul Skrivan performed and documented a Second Intake Medical Assessment of Plaintiff at approximately 10:38 p.m. (Id.) Plaintiff does not recall this. (Ex. B, 71:17-72:4)

Plaintiff: Denies

Plaintiff DENIES this allegation and further states that Defendant's citation to the record does not support it because the citation was regarding Rebecca Masi not Physician Assistant Paul Skrivan.

26. Skrivan recorded the patient's date of birth as January 12, 1962. (Id.). Plaintiff's date of birth is January 12, 1962. (Ex. B, 78:14-15)

Plaintiff: Admits

27. Avado told Skrivan he took multiple medications, but could not provide their names. (Ex. D, SAO Wojcik 00014)

Plaintiff: Admits

28. Skrivan was unable to verify Avado's prescriptions with Jewel's pharmacy. (*Id.*)

Plaintiff: Admits

Plaintiff affirmatively states that the order had two names (Avado aka Wojcik), Plaint Ex.21 to Wojcik Declaration.

29. Skrivan did not observe Avado to be in any distress, but noticed Avado's blood pressure was slightly elevated, which is not uncommon going through the intake process. (Ex. D, SAO Wojcik, 00014-15).

Plaintiff: Denies

Plaintiff affirmatively states that Skrivan could not take Avado's blood pressure at 14:16 when at the time Plaintiff was in Skokie Court House. Def. Ex. C, SAO 37. Also Plaintiff reported having a panic attack SAO 12 "I have panick attack. My heart pounds, I'm just getting crazy because I don't know whats going on with my body.""

30. Skrivan wrote Avado a prescription for blood pressure medications: Amlodipine and Propranolol. (Ex. D, SAO Wojcik, 00015).

Plaintiff: Admits

31. Skrivan referred Avado to Primary Care for follow-up counseling regarding his medications, and marked this referral as urgent. (*Id.*)

Plaintiff: Admits

32. Skrivan also referred Avado to the Medical Infirmary for his housing assignment. (*Id.*)

Plaintiff: Admits

33. On June 28, 2013, Anthony Avado submitted a Health Services Request Form. (Ex. D, SAO Wojcik, 00016). The form listed several medications he had taken the day prior: Alprazolam, Clonazepam, Norvasc, Vicodin, and two other medications that are difficult to make out on the form. (*Id.*)

Plaintiff: Admits

Plaintiff affirmatively states that the date on Request Form Def. EX. D. SAO 16 is 6/26/13, Def. EX. B 78:21-24. 79:1-4

34. Plaintiff knows that he completed some sort of form when at CCJ (Ex. B, 82:8-18)

Plaintiff: Admits

35. Nurse Dawn Howell responded to Avado's request at approximately 12:30 p.m. on June 28. (Ex. D, SAO Wojcik 00018)

Plaintiff: Admits

36. According to Cermak records, the medication had been verified and needed to be delivered from the pharmacy. (*Id.*)

Plaintiff: Admits

Plaintiff affirmatively states that how Nurse Dawn Howell was able to verify medications under Avado since they were under Wojcik name.

37. The detainee also complained about lower back pain. (*Id*). He was given Tylenol. (*Id.*)

Plaintiff: Denies

Plaintiff affirmatively states that he wasn't given Tylenol.

38. Plaintiff recalls speaking with a woman on June 28 and telling her he needed medication and that he had back pain. (Ex. B, 77:13-19)

Plaintiff: Admits

39. Plaintiff recalls telling officers at CCJ about his medication needs, but not any medical staff. (Ex. B, 36:22-37:1)

Plaintiff: Denies

Plaintiff DENIES this allegation and further states that he previously complained to Defendant's Kilgore SAO 08, Masi SAO 11, 12, Skrivan SAO 15, additionally Plaintiff completed Health Service Request Form SAO 16.

40. Plaintiff did not seek medical attention at CCJ on June 29 or June 30, 2013. (Ex. B, 84:6-8, 93:6-17)

Plaintiff**:** Admits

41. Plaintiff took a cab to Rush Hospital when he was released from CCJ on June 30, 2013. (Ex. B, 40:2-10)

Plaintiff: Admits

42. Plaintiff was experiencing shortness of breath, racing heartbeat, and difficulty walking when he was released from CCJ. (Ex. B, 41:2-7)

Plaintiff: Admits

43. Plaintiff did not seek medical attention for any of the symptoms he reported when he arrived at Rush while he was at CCJ. (Ex. B, 41:8-17)

Plaintiff: Denies

Plaintiff DENIES this allegation and further states the Defendant's citation to the record does not support it. The cited document only states that I did not receive treatment it is not asking if I wasn't seeking for a medical attention.

The importance of shortcuts

Def. / Defendant
Plaint. / Plaintiff
EX. / Exhibit
1-24 / Line
Div. / Division
PCP / Primary Care Provider
Plaint. EX/ Plaintiff Exhibit to Wojcik Declaration
Pic/Picture

Defendant Exhibits

Exhibit A – Plaintiff Complain
Exhibit B – Plaintiff Deposition
Exhibit C – Defendant Declaration
Exhibit D -- Plaintiff Medical File

Respectfully Submitted By Plaintiff
Cezary Wojcik PRO SE
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Jun 18-2018

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CEZARY WOJCIK,	)	14 cv 4854
	)	
Plaintiff,	)	Honorable Judge
	)	John J. Tharp
vs.	)	
	)	
COUNTY OF COOK, et al.,	)	Magistrate Judge
	)	Young B. Kim
Defendants	)	

PLANTIFF LOCAL RULE 56.1 (B) 3 STATEMENT OF ADDITIONAL FACTS

ALL PLAINTIFF FACTS IT IS DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE UNITED STATES THAT THE FOREGOING IS TRUE AND CORRECT

Pursuant to Local Rule 56.1 (b) (3) PLAINTIFF CEZARY WOJCIK, PRO SE, states the following additional facts.

1. Because Plaintiff Disability and need Medical Attention, **attached document Plaint. EX. 7, 21** to Wojcik Declaration, on June 27-2013 Plaintiff had in possession all necessary medications before he was arrested by Sherriff Def.Ex.A, Page 3 Point 13.

2. Last time medication was taken 6-26-13 Def. Ex. B, page 78: 21-24 Page 79: 1-4, Def. EX. D. SAO 16

3. Deputy Sheriff Steve Kaloudis placed court's order and doctor's order and sealed them in plastic bag also referred as transportation bag. This bag with other inmate's property was placed into holding until inmate was released from jail on June 30-2013, Plaint EX.2 to Wojcik Delcaration, Def. EX A, Page 4 Point 17 and 19. **At this point Plaintiff still has the original sealed plastic bag with documents including court's order and doctor's order, Plaint. EX. 1 Pic. 1, 2, 3, to Wojcik Declaration.**

4. Arriving at intake CCJ I stated my name as Cezary Wojcik and complained to the officer about my court order **and health issues and concerns Def. Ex B, Page 37: 1-24, Ex. B. Page 38:1-5, Ex. B, Page 58: 22-24, and Ex. B, Page 59: 1-17**

5. Plaintiff admitted to have epilepsy (seizures) and hypertension (high blood pressure) Def. EX. D, SAO 07, Parkinson's, Alzheimer's EX. D, SAO 08, shortness of breath on medication EX. D, SAO 09, abnormal heart rhythm EX. D, SAO 10

6. Admitted to talking medications including Xanax 2mg and Clonazepam 2mg which was explained to Rebecca Masi that the documents were in a placed in sealed plastic bag with my clothes on June 27, 2013 at 9:30 pm Def. EX. D, SAO 11, and evidence is attached document **Plaint. Doc. EX. 1 Pic. 1, 2, 3 to Wojcik Declaration**.

7. Rebecca Masi checked the record in Illinois Controlled Substance Database on Anthony Avado and could not verify it because it was under the name Cezary Wojcik Def. EX D SAO 12. All because original documents with doctors order and medication was in sealed property bag with other inmate property **Plaint. EX 1, 2, 20 to Wocjik Declaration.**

8. Plaintiff complained to Masi, about experiencing a panic attack, confusion, palpitations, pounding of the heart, chest pain, discomfort, and anxiety Def. EX. D, SAO 12

9. In her report Rebecca Masi states "Pt presents as 51 y/o Hispanic male". Plaintiff is not Hispanic but White. She was doing many other intakes with other people at the same time and this commotion cased negligence. Def. EX.D SAO 13

10. Skrivan could not verify Medication (unable to verify meds with Jewel Pharmacy at that time) because was checking under Avado. Def. EX. D, SAO 14

11. Skrivan completed intake on June 27, 2013 Def. EX. D, SAO 15 and referred Plaintiff to Medical Infirmary for his housing assignment but Rebecca Masi referred me to General Population Def. EX.D. SAO13

12. Due to the lack of receiving medication this caused side effects of **Withdrawal Syndromes**; evidence is attached document**, Plaint. Doc. EX. 4, 5, a-b-c to Wojcik Declaration,**

13. Judge order, dual names Avado a/k/a Wojcik, evidence is attached document **Plaint. Doc. EX. 6, 7, 21 to Wojcik Declaration,**

14. By taking different medication and changes made by the physician, I cannot remember all medication and when it is been changed. Evidence is attached document **Plaint. Doc. EX. 8 to Wojcik Declaration**, Def. EX. B, Page 6: 19-24, 7: 1-11, and Def. EX. B, Page 24: 1-22

15. Also on June-28-2013 Plaintiff Attorney visit in Cook County Jail (Kent Brody) and witness and complained **about not being located in Cermak Memorial Hospital (bringing Judge Order) but in Division 2, General Population. Def. EX.B, Page 54: 15-24**

16. Due to the fact by not receiving medical treatment at Cook County Jail, (general population Division 2) on June 28, 2013 while being escorted from the 4th floor to the basement floor, I experience Heart and Neurological problem and I fell on the staircase injured my body (Back, Knees, Hernia) Def. Ex. D, SAO 18, EX. D, SAO 16, EX. B, Page 77: 13-18, EX. B, Page 42: 20-24, Page 43: 1-11. **Evidence is attached document Plaint. Doc. Pic. 5, 6, 7, 8, 9 to Wojcik Declaration**

17. With My Condition and Judge Order for Special Care, while being escorted from the Court House to Cook County Jail on 2800 S. California (I was handcuffed with the other inmate, no safety belts or barrier) I broke my back on the bus ride, Def. EX. A, Page 4 Point 16-17 and forced to walked Jun 28-13 to basement (there is elevator) Plaint. Fell on staircase, **evidence is attached document Plaint. EX. 17,** copy from orthopedic doctor David Cheng visit 10-14-2013, **and Pic. 6, 7, 8, 9 to Wojcik Declaration**

18. According to Def. EX. D SAO 18 Nurse Dawn Howell could not "verify medication", and "resolve" medical needs under Anthony Avado since it was under Cezary Wojcik. Another proof that the original documents were in sealed plastic bag, evidence is attached **Plaint. EX. 1, 2, 20. Pic. 1, 2, 3 to Wojcik Declaration.**

19. June 28-2013 Plaintiff was directed (from 4th floor walk) to basement, and on Request Form was given List of specific medication that should be provided by Judge Sentencing Order. Do to fact it never happened not even taken into consideration cost **Withdrawal Syndrome** (typical negligent, documents speak for it) Def. EX. D, SAO 16 and evidence is attached document **Plaint. Doc. EX. 4, 5 (a) (b) (c) to Wojcik Declaration**.

20. Plaintiff complained to another Polish inmate (David) Def. Ex. B, Page 55: 1-10, Def. EX. B, 84:14-24 and 85:1-18 and to Officer Moore and Officer Krug about his medical condition, never got proper response. Evidence is attached **Plaint Ex. 2 to Wojcik Declaration.**

21. June 30, 2013 released from jail, General Population, still no medical attention received. I was still complaining of health issues including breathing, and heart problems Ex. B, Page 94: 4-24, Page 95: 1-21

22. June 30-2013 immediately transported to Rush University Hospital Emergency Room complaining of chest pain, shortness of breath, back pain, bilateral knee pain, and had an EKG done that came out as abnormal, document **Plaint. Doc. EX. 9 to Wojcik Declaration** received the proper medications document **Plaint. Doc. EX. 10 to Wojcik Declaration.** Admitted to being released from jail and not having received any medications throughout the stay, evidence is attached document **Plaint. Doc. EX. 11 to Wojcik Declaration, Pic. 4, 5**

23. In date 7/10/2013, 8/3/13, 9/4/2013 Plaintiff saw a primary physician for referral for treatments including, neurology, orthopedics, gastroenterologist, and evidence is attached document **Plaint. Doc. EX. 12 to Wojcik Declaration**.

24. Due the fell experienced on the staircase on June 28-2013 had to see and orthopedic physician for knee treatment evidence is attached document **Plaint. Doc. EX. 15, Pic. 4, 5, to Wojcik Declaration**

25. Seeing a gastroenterologist for a broken hernia, evidence is attached document evidence is attached document **Plaint. Doc. EX. 16 to Wojcik Declaration,**

26. Started seeing Dr. Hall, neurologist on 7-11-2013 with complaints about health issues during the stay at the jail, evidence are attached document **Plaint. Doc. EX. 13, 14 to Wojcik Declaration**

27. Side effects of not taking medications while being incarcerated caused extensive Cardiac Problems. Started seeing a Cardiologist on 2-25-2014, evidence is attached document **Plaint. Doc. EX.18 to Wojcik Declaration,** Copy 18. Additional problems include atrial flutter, palpitations on 4-15-2014, evidence is attached document **Plaint. Doc. EX.19 to Wojcik Declaration.**

28. **Plaintiff reported and seeks at numerous occasions, about his medical needs and conditions. All of which is noted in Defendant's Local Rule 56.1 (a)(3) Statement Of Material Facts and Supporting Exhibits point 43 that is another huge contradiction and discredit upon the administration to point 19, 21, 23, 27, 33, 38, 39, Def. EX. D SAO 12 and SAO 16.**

The importance of shortcuts

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Defendant Exhibits

Exhibit A – Plaintiff Complain
Exhibit B – Plaintiff Deposition
Exhibit C – Defendant Declaration
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Respectfully Submitted By Plaintiff
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Plaintiff,	)	Honorable Judge
	)	John J. Tharp
vs.	)	
	)	
COUNTY OF COOK, et al.,	)	Magistrate Judge
	)	Young B. Kim
Defendants	)	

PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION FOR SUMMARY JUDGEMENT

ALL PLAINTIFF FACTS IT IS DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE UNITED STATES THAT THE FOREGOING IS TRUE AND CORRECT

1 In June 30-2016 Plaintiff was sentence for 120 days, for proper treatment and program recommended by Judge in Rolling Meadows Court. Because Judge recognized PLAINTIFF DISABILITY AND SERIOUS MEDICAL NEEDS His Order was Sent Plaintiff to Cermark Memorial Hospital on 2800 S. California, **Def. SOF ¶ EX. B, Page 86: 16-24,**

2 From Court Room Plaintiff was moved to holding cell for process with Judge Order Documents which was given to the Sheriff, evidence is attached document **Plaint. Doc. EX. A to Wojcik Declaration,**

3 After fingerprinting and registration Plaintiff was waiting for transportation (special van for
Inmates with medical needs) and sent to Cermak Memorial Hospital. **Def. SOF ¶ EX. B, Page 86: 20-24**

4 In Intake Area on ground floor Div. 2, Plaint. EX. A, Plaintiff was directed thru hallway underground to different location - Cermak Memorial Hospital. Div. 8 - 3W, evidence is attached document **Plaint. EX. B to Wojcik Declaration**

5 In June 30-2016 Plaintiff arrived in Cermark Memorial Hospital – Div. 8, 3W 5:00 pm, moreover was seeing Doctor 5:38 pm, evidence is attached document **Plaint. Doc. EX. C to Wojcik Declaration,** and started take prescribed medication, (Clonazepam etc.) **Def. SOF ¶ EX. B, Page 87: 23-24 Page 88: 1-22**

6 In Nov 16-2016 Plaintiff request for medical record in Polish written form and was provided, evidence is attached document **Plaint. EX. B to Wojcik Declaration**

7 **On 7-24-2017 Defendants Attorney Supply With Inmate Information Handbook. Why Plaintiff never got in COOK COUNTY JAIL Inmate Information Handbook or either Instruction in Polish (Plaintiff don't read or write English) Jun. 27 - 2013 or any help whatsoever? They are exists in Spanish!!!**

8 **Indeed those arguments provided only to One Conclusion – Defendants deception failure to provide Medical Care according to Judge Order and evidence is attached document Plaint. EX. 21 to Wojcik Declarations. By negligence of the Sheriff (S.Kaloudis) who was working only for a month in Skokie Court House, Def. EX. C, Point 2 he disregard to comply with Judge Rules and sending inmates to CCJ, Def. EX. C, Point 3. Instead sent Plaintiff to Cermak Memorial Hospital, Plaintiff was send to General Population Division 2, which is not Medical Ward. Evidence is attached document Plaint. EX. 2, 3 to Wojcik Declaration, Pic 1, 2, 3. Plaintiff emphasizes, most of them are Despicable Liars and Profoundly Conspire to the Facts under Oath, having own Attorneys Tampering with those Facts and Evidence to Constitutional Law. Also making distraction and created confusion in Discovery Deposition Def. EX. B Page 5: 23-24, Page 6: 1-7, even ask Plaintiff if he is on any medication (Plaint. Admitted) Def, Ex. B Page 6: 16-24 Page 7: 1-16. In addition Plaintiff attempt serve requesting documents for Deposition Officer Krug and Moore as potentials Witnesses, also for production of document with Defendant signature after receiving them Def. EX. B Page 11: 21-24 Page 12: 1-24 Page 13: 1-6. Defendant mockingly and with consciousness refused take or sign Plaintiff Documents, so as PRO SE Plaintiff wouldn't be able have hard evidence to this case.**

9 **Defendant's documents is only showing a lot of contradiction, fabrication also incoherence (different time, place, and date) and abusing not obeying the law. For example proven fact from Def. Statement 56.1 Of Material Facts and Supporting Exhibits, point 15 and 19, 21, 23, 33, 38, 39, are all contradictions to point 43. Defendants Material Of Facts Point 43, which wrongfully concludes that Plaintiff did not seek medical attention. The citation to Plaintiff's Deposition (Ex. B, 41:8-17) in support of point 43 is inaccurate. The deposition states:**

" Q And these were all symptoms you had when you were released from Cook County Jail?
A That's right.
Q Did you have any of these symptoms while you were in Cook County?
A Yes, yes. That's where it started.
Q Okay. And you didn't—and it's your testimony you didn't receive any treatment for any of these while you were at Cook County jail?
A Correct, no."

In conclusion, this quote, states that I did not receive requested medical treatment.

10 **It is showing consistently Defendant's Proof that Def. 56.1 SMF It Is Not Making any sense, disproving itself with material fact they presented and created unbelievable things. Documents Def. EX. D it is showing presumably they have been rigged. Credibility is under the question mark, if they have in possession Original Not a Copy Document of those statements and if they can provide them?**
This is Very Essential for the Good of Many People; therefore Plaintiff is humbly appealing your Honor that this Case Can Not Evaporate but must move forward and proceed. Thank you.

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Defendant Exhibits

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	)	Young B. Kim
Defendants	)	

DECLARATION

ALL PLAINTIFF FACTS IT IS DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE UNITED STATES THAT THE FOREGOING IS TRUE AND CORRECT

I, CEZARY WOJCIK, STATE THAT I COULD COMPETENTLY TESTIFY TO THE FOLLOWING FACTS THAT ALL ATTACHED EXHIBITS ARE TRUE AND ACCURATE COPY OF ITS ORIGINAL:

- EX. 1- Legal Documents sealed in a property bag, Pic 1, 2. Sheriff 's date 23 June 2013
- EX. 2- Received Clothing Receipt, date 06/27/2013, Pic 3
- EX. 3- Sheriff Money Receipt dated 6/27/13 time 8:17PM
- EX. 4- Proven Fact By Expert Doctors Statement, Wikipedia Benzodiazepine Withdrawal Syndrome, printed on 05/21/2017
- EX.5- Proven Fact By Expert Doctors Statement, Mayo Clinic Withdrawal Syndrome Clonazepam, printed on 4/26/18
    - (a) Proven Fact By Expert Doctors Statement, Mayo Clinic Withdrawal Symptoms Alprazolam, printed on 4/26/18
    - (b) Harvard Health Publication By Expert Doctors Statement, Bipolar Disorder printed on 4/26/18
    - (c) Harvard Health Publication By Expert Doctors Statement, Xanax printed on 4/26/18 Medically Reviewed on 9/28/16
- EX.6- Judge's Sentencing Order, date June 27, 2013
- EX. 7- Attorney's copy attached to the Sentencing Order, date June 27, 2013, Pic 3
- EX. 8- List of Different Medication
- EX.9- Rush University Medical Center-Emergency Service, date 06/30/2013, Pic 4,5
- EX.10- Rush University Medical Center list of given medication, date Jun 30, 2013
- EX.11- Rush University Emergency Service- Emergency Service, date 6/30/2013, Pic 4,5
- EX.12- Referral to specialists to PCP, date 7/10/2013, 8/3/13, 9/4/2013
- EX. 13- Rush AMB Report by Dr. Hall, date 7/11/13
- EX. 14- Dr. Hall's diagnosis, date 7/11/13

- EX.15- Rush Orthopedic Clinic Dr. Blomgren's Diagnosis, date 7/26/13, Pic 4,5
- EX.16- Rush University Surgeon Report, date 9/8/2013
- EX.17- Rush Orthopedic Clinic Dr. Chang's Diagnosis, 10/14/2013
- EX.18- Rush Cardiology Dr. Kousik's Diagnosis, date 2/25/2014
- EX.19- Cardiology List of medication and medical problems, date 4/15/2014
- EX.20- Copy of Medication Order from PCP attached to Sentence Order Jun 27, 2013
- EX.21- Copy of Judge's Sentence Order Jun 27,2013

- EX. A- Sheriff's Property Receipt, date 6/30/2016
- EX.B- Cermark Memorial Hospital Funds Inquiry, date 9/13/2016
- EX.C- Doctor's Orders from Cermark Memorial Hospital, date 10/25/16
- EX.D- Request for medical records in Polish, date 11/16/2016

- Pic.1- Enlarged Original Complaint Arrestee Property document sealed in plastic bag; picture taken at RUSH Hospital Emergency Room on 6/30/13
- Pic.2- Whole Original Complaint Arrestee Property document sealed in plastic bag; picture taken at RUSH Hospital Emergency Room on 6/30/13
- Pic.3- Original PCP Medical Order sealed in a plastic bag and Received Clothing Receipt; picture taken at RUSH Hospital Emergency Room on 6/30/13
- Pic.4- Emergency Room, RUSH Hospital 6/30/13
- Pic.5- Picture showing open wound after falling in jail, picture taken at RUSH Hospital Emergency Room on 6/30/13
- Pic.6- Copy of X-ray showing broken back, RUSH Orthopedic, Dr. Chang, 10/14/2013
- Pic.7- Close-up of X-ray showing broken back, RUSH Orthopedic, Dr. Chang, 10/14/2013
- Pic.8-Copy of X-ray showing fusion broken back, Evanston Hospital 1/15/18
- Pic.9- Copy of the back-after surgery, it been taken 1/24/18 by Plaintiff daughter.

The importance of shortcuts

Def. / Defendant
Plaint. / Plaintiff
EX. / Exhibit
1-24 / Line
Div. / Division
PCP / Primary Care Provider
Plaint. EX/ Plaintiff Exhibit to Wojcik Declaration
Pic/Picture

Defendant Exhibits

Exhibit A – Plaintiff Complain
Exhibit B – Plaintiff Deposition
Exhibit C – Defendant Declaration
Exhibit D -- Plaintiff Medical File

Respectfully Submitted By Plaintiff
Cezary Wojcik PRO SE
1634 N. Milwaukee Ave.
Chicago IL. 60647.
Tel. 773-414 0471
Jun 18-2018

EX #1

07 F 3

SHERIFF OF COOK COUNTY
COMPLIANT ARRESTEE PROPERTY

DATE:	CB Number:	CR NUMBER:
23 JUN 13		13-5[illegible]264

ARRESTEE NAME:

ARRESTING OFFICER (PRINT): | OFFICER'S STAR No.: 14835

COMPLIANT PERSONAL PROPERTY

☐	UNITED STATES CURRENCY AMOUNT:$ 120.00	☐	PRESCRIPTION MEDICATION
☐	US GOVERNMENT ISSUED IDENTIFICATION	☐	PRESCRIPTION EYEGLASSES
☐	PLAIN WEDDING BAND (NO ENGRAVING OR STONES)	☒	LEGAL DOCUMENTS (SOFT COVER ONLY)
☑	KEYS	☐	SHOELACES
☐	OUTER GARMENT (INVENTORIED UPON ARRIVAL AT D.O.C.)	☐	BIBLE or KORAN (SOFT COVER ONLY)

PLEASE LOOK THIS

I verify that the property inventoried above is correct.
ARRESTEE SIGNATURE:

BOND REMOVAL	TURNED OVER TO THIRD PARTY
THE AMOUNT OF MONEY STATED BELOW HAS BEEN REMOVED AS REQUESTED BY AND IN THE PRESENCE OF THE PRISONER/ARRESTEE.	THE PROPERTY INDICATED ABOVE HAS BEEN TURNED OVER TO THE RECIPIENT BELOW AS REQUESTED BY THE PRISONER/ARRESTEE. PRINT RECIPIENT'S NAME:
PRISONER/ARRESTEE SIGNATURE	PRISONER/ARRESTEE SIGNATURE
AMOUNT REMOVED: $	RECIPIENT'S SIGNATURE
OFFICER INITIALS & STAR No.:	OFFICER INITIALS & STAR No.:

PROPERTY RETURN

THE ABOVE MENTIONED PROPERTY HAS BEEN RETURNED TO ME BY THE COOK COUNTY SHERIFF'S OFFICE.

PRISONER/ARRESTEE SIGNATURE

SUPERVISOR APPROVAL – PROPERTY RETURN

SUPERVISOR NAME (print):	DATE:	APPROVED: ☐ BOND REMOVAL ☐ TURNED OVER (3RD PARTY) ☐ PROPERTY RETURN
SUPERVISOR SIGNATURE:	STAR No.:	

(FCN-11)(17Mar08)

PATIENT, CEZARY NOSIK, DOB: 1.12.1962, UNDER MY CARE, TAKES FOLLOWING MEDICATIONS:

ALPRAZOLAM (XANAX), 1 mg NIGHTLY
CLONAZEPAM 2 mg, 1½ tablet q day
DEPAKOTE ER 250 mg, 4 q day
PROZAC 20 mg, 2 tb q day
MYSOLINE 50 mg, 3 tb q day - NIGHTLY
NORVASC 10 mg, 1 tb. q day.

EX #2

COOK COUNTY SHERIFF'S OFFICE

Received Clothing Receipt

Date: 06/27/2013
Time: 8:18 PM
Page: 1 of 1

Name: AVADO, ANTHONY
Assigned Cell: DIV2-

Inmate #: 674735
Receipt Number: 798210

Booking #: 20130627032

Quantity:	Description:	Color:	Location:	
1	SEALED PROPERTY BAG	Clear	RCDC	SAME FROM COPY 1
Notes				
1	SHOES	Multi	RCDC	
Notes				
1	PANTS	Blue	RCDC	
Notes				
1	SHIRT	Black	RCDC	
Notes				

20130627032

SAG. MOORE

KRUG

Clothing Received Date: 6/27/2013
Clothing Received Time: 8:17 PM
Clothing Officer Badge: amarrero
Clothing Transfer Agency:
Clothing Transfer Officer Badge:

Officer: ..... Officer: .....

Inmate (Booking): ..... Date: .....

Clothing left at the Cook County Jail for longer than 30 days after your release/transfer will be destroyed.

Inmate (Discharge): ..... Date: .....

I have received my clothing items upon discharge from the Cook County Department of Corrections

Clothing Designee: ..... Date: .....

I have received the above named inmate clothing from the Cook County Department of Corrections

773 416 6235 DAVID
TOP 600 9145

312-263-4600

EX 3

COOK COUNTY SHERIFF'S OFFICE

Received Money Receipt

Date: 06/27/2013
Time: 8:17 PM
Page: 1 of 1

Name: AVADO, ANTHONY
Receipt Status: ACTIVE

Inmate #: 674735
Booking #: 20130627032
Receipt Number: WS-00071354

Inmate Money

	1's	2's	5's	10's	20's	50's	100's	Other Total	Total
Cash Bills Count:	0	0	4	0	20	0	0	$0.00	$420.00

Cash Coins Total: $0.00
Cash Total: $420.00
Cash Left In Property: $0.00
Cash To Commissary: $420.00
Check To Commissary: $0.00
Check Number:

Officer: ..... Officer: .....

I do hereby acknowledge that the property record contained on this form(s) is accurate.

Inmate (Booking): ..... Date: .....

Property left at the Cook County Jail for longer than 90 days after your release/transfer will be destroyed.

Ex 4

Benzodiazepine withdrawal syndrome

From Wikipedia, the free encyclopedia

Benzodiazepine withdrawal syndrome

Classification and external resources

Specialty Critical care medicine, Psychiatry

ICD-10 F13 (http://apps.who.int/classifications/icd10/browse/2016/en#/F13).3

Benzodiazepine withdrawal syndrome—often abbreviated to **benzo withdrawal**—is the cluster of symptoms that emerge when a person who has taken benzodiazepines, either medically or recreationally, and has developed a physical dependence undergoes dosage reduction or discontinuation. Development of physical dependence and/or addiction and the resulting withdrawal symptoms, some of which may last for years, may result from either drug-seeking behaviors or from taking the medication as prescribed. Benzodiazepine withdrawal is characterized by sleep disturbance, irritability, increased tension and anxiety, panic attacks, hand tremor, sweating, difficulty with concentration, confusion and cognitive difficulty, memory problems, dry retching and nausea, weight loss, palpitations, headache, muscular pain and stiffness, a host of perceptual changes, hallucinations, seizures, psychosis,[1] and suicide[2] (see "Signs and Symptoms" section below for full list). Further, these symptoms are notable for the manner in which they wax and wane and vary in severity from day to day or week by week instead of steadily decreasing in a straightforward monotonic manner.[3]

It is a potentially serious condition, and is complex and often protracted in time course.[4][5] Long-term use, defined as daily use for at least three months,[6] is not desirable because of the associated increased risk of dependence,[7] dose escalation, loss of efficacy, increased risk of accidents and falls, particularly for the elderly,[8] as well as cognitive,[9] neurological, and intellectual impairments.[10] Use of short-acting hypnotics, while being effective at initiating sleep, worsen the second half of sleep due to withdrawal effects.[11] Nevertheless, long-term users of benzodiazepines should not be forced to withdraw against their will.[4]

Benzodiazepine withdrawal can be severe and can provoke life-threatening withdrawal symptoms, such as seizures,[12] particularly with abrupt or overly rapid dosage reduction from high doses or long time users.[4] A severe withdrawal response can nevertheless occur despite gradual dose reduction, or from relatively low doses in short time users,[13] even after a single large dose in animal models.[14][15] A minority of individuals will experience a protracted withdrawal syndrome whose symptoms may persist at a sub-acute level for months, or years after cessation of benzodiazepines. The likelihood of developing a protracted withdrawal syndrome can be minimized by a slow, gradual reduction in dosage.[16]

Chronic exposure to benzodiazepines causes neural adaptations that counteract the drug's effects, leading to tolerance and dependence.[17] Despite taking a constant therapeutic dose, long-term use of benzodiazepines may lead to the emergence of withdrawal-like symptoms, particularly between doses.[18] When the drug is discontinued or the dosage reduced, withdrawal symptoms may appear and remain until the body reverses the physiological adaptations.[19] These rebound symptoms may be identical to the symptoms for which the drug was initially taken, or may be part of discontinuation symptoms.[20] In severe cases, the withdrawal reaction may exacerbate or resemble serious psychiatric and medical conditions, such as mania, schizophrenia, and, especially at high doses, seizure disorders.[21] Failure to recognize discontinuation symptoms can lead to false evidence for the need to take benzodiazepines, which in turn leads to withdrawal failure and reinstatement of benzodiazepines, often to higher doses.[21]

Awareness of the withdrawal reactions, individualized taper strategies according to withdrawal severity, the

addition of alternative strategies such as reassurance and referral to benzodiazepine withdrawal support groups, all increase the success rate of withdrawal.[22][23]

Contents

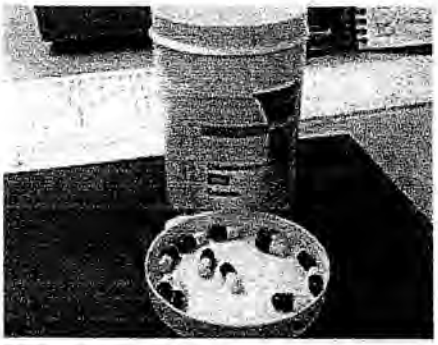
Signs and symptoms

Withdrawal effects caused by sedative-hypnotics discontinuation, such as benzodiazepines, barbiturates, or alcohol, can cause serious medical complications. They are cited to be more hazardous to withdraw from than opioids.[24] Users typically receive little advice and support for discontinuation.[25] Some withdrawal symptoms are identical to the symptoms for which the medication was originally prescribed,[20] and can be acute or protracted in duration. Onset of symptoms from long half-life benzodiazepines might be delayed for up to three weeks, although withdrawal symptoms from short-acting ones often present early, usually within 24–48 hours.[26] There may be no fundamental differences in symptoms from either high or low dose discontinuation, but symptoms tend to be more severe from higher doses.[27]

Diazepam, 2 mg and 5 mg diazepam tablets, are commonly used in the treatment of benzodiazepine withdrawal.

Daytime reemergence and rebound withdrawal symptoms, sometimes called interdose withdrawal, may occur once dependence has set in. Reemergence is the return of symptoms for which the drug was initially prescribed, in contrast, rebound symptoms are a return of the symptoms for which the benzodiazepine was initially taken for, but at a more intense level than before. Withdrawal

symptoms, on the other hand, may appear for the first time during dose reduction, and include insomnia, anxiety, distress, weight loss, panic, depression, derealization, and paranoia, and are more commonly associated with short-acting benzodiazepines discontinuation, like triazolam.[21][28] Daytime symptoms can occur after a few days to a few weeks of administration of nightly benzodiazepine use[29][30] or z-drugs such as zopiclone;[31] withdrawal-related insomnia rebounds worse than baseline[32][33] even when benzodiazepines are used intermittently.[34]



Chlordiazepoxide, 5 mg capsules, are sometimes used as an alternative to diazepam for benzodiazepine withdrawal. Like diazepam, it has a long elimination half-life and long-acting active metabolites.

The following symptoms may emerge during gradual or abrupt dosage reduction:

- Aches and pains[35]
- Agitation and restlessness[35]
- Akathisia
- Anxiety, possible terror and panic attacks[1][35]
- Blurred vision[35]
- Chest pain[35]
- Depersonalization[36]
- Depression (can be severe),[37] possible suicidal ideation
- Derealisation (feelings of unreality)[38]
- Diarrhea
- Dilated pupils[21]
- Dizziness[35]
- Double vision
- Dry mouth[35]
- Dysphoria[39][40]
- Electric shock sensations[4][41]
- Elevation in blood pressure[42]
- Fatigue and weakness[35]
- Flu-like symptoms[35]
- gastrointestinal problems [43][43][44]
- Hearing impairment[35]
- Headache[1]
- Hot and cold spells[35]
- Hyperosmia[45]
- Hypertension[46]
- Hypnagogia-hallucinations[16]
- Hypochondriasis[35]
- Increased sensitivity to touch[38]
- Increased sensitivity to sound[35]
- Increased urinary frequency[35]
- Indecision[35]
- Insomnia[47]
- Impaired concentration[1]
- Impaired memory and concentration[35]
- Loss of appetite and weight loss[48]
- Metallic taste[45]
- Mild to moderate Aphasia[45]
- Mood swings[35]
- Muscular spasms, cramps or fasciculations[49]
- Nausea and vomiting[47]
- Nightmares[47]
- Numbness and tingling[35]
- Obsessive compulsive disorder[50][51]
- Paraesthesia[38][45]
- Paranoia[45]
- Perception that stationary objects are moving[38]
- Perspiration[1]
- Photophobia[45]
- Postural hypotension[47]

- REM sleep rebound[52]
- Restless legs syndrome[23]
- Sounds louder than usual[38]
- Stiffness[35]
- Taste and smell disturbances[35]
- Tachycardia[53]
- Tinnitus[54]
- Tremor[55][56]
- Visual disturbances

Rapid discontinuation may result in a more serious syndrome

- Catatonia, which may result in death[57][58][59]
- Confusion[60]
- Convulsions, which may result in death[61][62]
- Coma[63] (rare)
- Delirium tremens[64][65][65]
- Delusions[66]
- Hallucinations
- Hyperthermia[47]
- homicidal ideation[67]
- Mania[68][69]
- Neuroleptic malignant syndrome-like event[70][71] (rare)
- Organic brain syndrome[72]
- Post-traumatic stress disorder[23]
- Psychosis[73][74]
- Suicidal ideation[75]
- Suicide[2][27][76]
- Urges to shout, throw, break things or harm someone[35]
- Violence[77]

As withdrawal progresses, patients often find their physical and mental health improves with improved mood and improved cognition.

Mechanism

The neuroadaptive processes involved in tolerance, dependence, and withdrawal mechanisms implicate both the GABAergic and the glutamatergic systems.[17] Gamma-Aminobutyric acid (GABA) is the major inhibitory neurotransmitter of the central nervous system; roughly one-quarter to one-third of synapses use GABA.[78] GABA mediates the influx of chloride ions through ligand-gated chloride channels called $GABA_A$ receptors. When chloride enters the nerve cell, the cell membrane potential hyperpolarizes thereby inhibiting depolarization, or reduction in the firing rate of the post-synaptic nerve cell.[79] Benzodiazepine potentiates the action of GABA,[80] by binding a site between the α and γ subunits of the 5-subunit receptor[81] thereby increasing the frequency of the GABA-gated chloride channel opening in the presence of GABA.[82]

When potentiation is sustained by long-term use, neuroadaptations occur which result in decreased GABAergic response. What is certain is that surface $GABA_A$ receptor protein levels are altered in response to benzodiazepine exposure, as is receptor turnover rate.[83] The exact reason for the reduced responsiveness has not been elucidated but down-regulation of the number of receptors has only been observed at some receptor locations including in the pars reticulata of the substantia nigra; down-regulation of the number of receptors or internalization does not appear to be the main mechanism at other locations.[84] Evidence exists for other hypotheses including changes in the receptor conformation, changes in turnover, recycling, or production rates, degree of phosphorylation and receptor gene expression, subunit composition, decreased coupling mechanisms between the GABA and benzodiazepine site, decrease in GABA production, and compensatory increased gutamatergic activity.[17][83] A unified model hypothesis involves a combination of internalization of the receptor, followed by preferential degradation of certain receptor sub-units, which provides the nuclear activation for changes in receptor gene transcription.[83]

It has been postulated that when benzodiazepines are cleared from the brain, these neuroadaptations are "unmasked", leading to unopposed excitability of the neuron.[85] Glutamate is the most abundant excitatory neurotransmitter in the vertebrate nervous system.[86] Increased glutamate excitatory activity during withdrawal may lead to sensitization or kindling of the CNS, possibly leading to worsening cognition and symptomatology and making each subsequent withdrawal period worse.[87][88][89] Those who have a prior history of withdrawing from benzodiazepines are found to be less likely to succeed the next time around.[90]

Diagnosis

In severe cases, the withdrawal reaction or protracted withdrawal may exacerbate or resemble serious psychiatric and medical conditions, such as mania, schizophrenia, agitated depression, panic disorder, generalised anxiety disorder, and complex partial seizures and, especially at high doses, seizure disorders.[21] Failure to recognize discontinuation symptoms can lead to false evidence for the need to take benzodiazepines, which in turn leads to withdrawal failure and reinstatement of benzodiazepines, often to higher doses. Pre-existing disorder or other causes typically do not improve, whereas symptoms of protracted withdrawal gradually improve over the ensuing months.[21] For this reason at least six months should have elapsed after benzodiazepines cessation before re-evaluating the symptoms and updating a diagnosis.

Symptoms may lack a psychological cause and can fluctuate in intensity with periods of good and bad days until eventual recovery.[91][92]

Prevention

According to the British National Formulary, it is better to withdraw too slowly rather than too quickly from benzodiazepines.[26] The rate of dosage reduction is best carried out so as to minimize the symptoms' intensity and severity. Anecdotally, a slow rate of reduction may reduce the risk of developing a severe protracted syndrome.

Long half-life benzodiazepines like diazepam or chlordiazepoxide are preferred to minimize rebound effects and are available in low potency dose forms. Some people may not fully stabilize between dose reductions, even when the rate of reduction is slowed. Such people sometimes simply need to persist as they may not feel better until they have been fully withdrawn from them for a period of time.[93]

Management

Psychological interventions may provide a small but significant additional benefit over gradual dose reduction alone at post-cessation and at follow-up.[94] The psychological interventions studied were relaxation training, cognitive-behavioral treatment of insomnia, and self-monitoring of consumption and symptoms, goal-setting, management of withdrawal and coping with anxiety.[94]

With sufficient motivation and the proper approach, almost anyone can successfully withdraw from benzodiazepines. However, a prolonged and severe syndrome can lead to collapsed marriages, business failures, bankruptcy, committal to a hospital, and the most serious adverse effect, suicide.[2] As such, long-term users should not be forced to discontinue against their will.[4] Over-rapid withdrawal, lack of explanation, and failure to reassure individuals that they are experiencing temporary withdrawal symptoms led some people to experience increased panic and fears they are going mad, with some people developing a

condition similar to post-traumatic stress disorder as a result. A slow withdrawal regimen, coupled with reassurance from family, friends, and peers improves the outcome.[4][16]

Medications and interactions

While some substitutive pharmacotherapies may have promise, current evidence is insufficient to support their use.[94] Some studies found that the abrupt substitution of substitutive pharmacotherapy was actually less effective than gradual dose reduction alone, and only three studies found benefits of adding either melatonin,[95] paroxetine,[96] or trazodone and valproate[97] in conjunction with a gradual dose reduction.[94]

- Antipsychotics are generally ineffective for benzodiazepine withdrawal-related psychosis.[41][98] Antipsychotics should be avoided during benzodiazepine withdrawal as they tend to aggravate withdrawal symptoms, including convulsions.[26][99][100][101] Some antipsychotic agents may be more risky during withdrawal than others, especially clozapine, olanzapine or low potency phenothiazines (e.g., chlorpromazine), as they lower the seizure threshold and can worsen withdrawal effects; if used, extreme caution is required.[102]
- Barbiturates are cross tolerant to benzodiazepines and should be avoided.
- Benzodiazepines or cross tolerant drugs should be avoided after discontinuation, even occasionally. These include the nonbenzodiazepines Z-drugs, which have a similar mechanism of action. This is because tolerance to benzodiazepines has been demonstrated to be still present at four months to two years after withdrawal depending on personal biochemistry. Re-exposures to benzodiazepines typically resulted in a reactivation of the tolerance and benzodiazepine withdrawal syndrome.[103][104]
- Bupropion, which is used primarily as an antidepressant and smoking cessation aid, is contraindicated in persons experiencing abrupt withdrawal from benzodiazepines or other sedative-hypnotics (e.g. alcohol), due to an increased risk of seizures.[105]
- Buspirone augmentation was not found to increase the discontinuation success rate.[6]
- Caffeine may worsen withdrawal symptoms because of its stimulatory properties.[4] Interestingly, at least one animal study has shown some modulation of the benzodiazepine site by caffeine, which produces a lowering of seizure threshold.[106]
- Carbamazepine, an anticonvulsant, appears to have some beneficial effects in the treatment and management of benzodiazepine withdrawal; however, research is limited and thus the ability of experts to make recommendations on its use for benzodiazepine withdrawal is not possible at present.[103]
- Ethanol, the primary alcohol in alcoholic beverages, even mild to moderate use, has been found to be a significant predictor of withdrawal failure, probably because of its cross tolerance with benzodiazepines.[4][103][107]
- Flumazenil has been found to stimulate the reversal of tolerance and the normalization of receptor function. However, further research is needed in the form of randomised trials to demonstrate its role in the treatment of benzodiazepine withdrawal.[108] Flumazenil stimulates the up-regulation and reverses the uncoupling of benzodiazepine receptors to the $GABA_A$ receptor, thereby reversing tolerance and reducing withdrawal symptoms and relapse rates.[109][110] Limited research and experience and possible risks involved, the flumazenil detoxification method is controversial and can only be done as an inpatient procedure under medical supervision.

  Flumazenil was found to be more effective than placebo in reducing feelings of hostility and aggression in patients who had been free of benzodiazepines for 4-266 weeks.[111] This may suggest a role for flumazenil in treating protracted benzodiazepine withdrawal symptoms.

  A study into the effects of the benzodiazepine receptor antagonist, flumazenil, on benzodiazepine

withdrawal symptoms persisting after withdrawal was carried out by Lader and Morton. Study subjects had been benzodiazepine-free for between one month and five years, but all reported persisting withdrawal effects to varying degrees. Persistent symptoms included clouded thinking, tiredness, muscular symptoms such as neck tension, depersonalisation, cramps and shaking and the characteristic perceptual symptoms of benzodiazepine withdrawal, namely, pins and needles feeling, burning skin, pain and subjective sensations of bodily distortion. Therapy with 0.2–2 mg of flumazenil intravenously was found to decrease these symptoms in a placebo-controlled study. This is of interest as benzodiazepine receptor antagonists are neutral and have no clinical effects. The author of the study suggested the most likely explanation is past benzodiazepine use and subsequent tolerance had locked the conformation of the GABA-BZD receptor complex into an inverse agonist conformation, and the antagonist flumazenil resets benzodiazepine receptors to their original sensitivity. Flumazenil was found in this study to be a successful treatment for protracted benzodiazepine withdrawal syndrome, but further research is required.[112] A study by Professor Borg in Sweden produced similar results in patients suffering from protracted withdrawal.[35] In 2007, Hoffmann–La Roche the makers of flumazenil, acknowledged the existence of protracted benzodiazepine withdrawal syndromes, but did not recommended flumazenil to treat the condition.[113]

- Fluoroquinolone antibiotics[114][115][116] have been noted by Heather Ashton and other authors as increasing the incidence of a CNS toxicity from 1 to 4% in the general population, for benzodiazepine-dependent population or in those undergoing withdrawal from them. This is probably the result of their GABA antagonistic effects as they have been found to competitively displace benzodiazepines from benzodiazepine receptor sites. This antagonism can precipitate acute withdrawal symptoms, that can persist for weeks or months before subsiding. The symptoms include depression, anxiety, psychosis, paranoia, severe insomnia, parathesia, tinnitus, hypersensitivity to light and sound, tremors, status epilepticus, suicidal thoughts and suicide attempt. Fluoroquinolone antibiotics should be contraindicated in patients who are dependent on or in benzodiazepine withdrawal.[4][117][118][119][120] NSAIDs have some mild GABA antagonistic properties and animal research indicate that some may even displace benzodiazepines from their binding site. However, NSAIDs taken in combination with fluoroquinolones cause a very significant increase in GABA antagonism, GABA toxicity, seizures, and other severe adverse effects.[121][122][123]
- Gabapentin can relieve most of the discomfort of benzodiazepine withdrawal; including anxiety, insomnia, irritability, tremor and muscle spasms. However, gabapentin may give rise to its own withdrawal syndrome upon discontinuation if taken continuously for long periods.
- Imidazenil has received some research for management of benzodiazepine withdrawal, but is not currently used in withdrawal.[124]
- Imipramine was found to statistically increase the discontinuation success rate.[6]
- Melatonin augmentation was found to statistically increase the discontinuation success rate for people with insomnia.[6]
- Phenibut may help with the anxiety, insomnia and muscle tension brought on by benzodiazepine discontinuation. However, there is a commonly known 'rebound' effect felt with Phenibut that may be exacerbated for people in withdrawal, it is also not recommended to be taken for more than 3 consecutive days to avoid developing a dependency.
- Phenobarbital, (a barbiturate), is used at "detox" or other inpatient facilities to prevent seizures during rapid withdrawal or cold turkey. The phenobarbital is followed by a one- to two-week taper, although a slow taper from phenobarbital is preferred.[21] In a comparison study, a rapid taper using benzodiazepines was found to be superior to a phenobarbital rapid taper.[125][126]
- Pregabalin may help reduce the severity of benzodiazepine withdrawal symptoms,[127] and reduce the risk of relapse.[128]

- Progesterone has been found to be ineffective for managing benzodiazepine withdrawal.[108]
- Propranolol was not found to increase the discontinuation success rate.[6]
- SSRI antidepressants have been found to have little value in the treatment of benzodiazepine withdrawal.[129]
- Tramadol has been found to lower the seizure threshold and should be avoided during benzodiazepine withdrawal.
- Trazodone was not found to increase the discontinuation success rate.[6]

Prognosis

The success rate of a minimal intervention where rapid withdrawal is first tried, followed by a systematic tapered discontinuation if the first try was unsuccessful, ranges from 25 to 100% with a median of 58%.[6] Cognitive behavioral therapy was useful to improve success rates for panic disorder, melatonin for insomnia, as was flumazenil and sodium valproate.[6] A ten-year follow-up found that more than half of those who had successfully withdrawn from long-term use were still abstinent two years later, and that if they were able to maintain this state at two years, they were likely to maintain this state at the ten-year followup.[8] One study found that after one year of abstinence from long-term use of benzodiazepines, cognitive, neurological and intellectual impairments had returned to normal.[130]

Those who had a prior psychiatric diagnosis had a similar success rate from a gradual taper at a two-year follow-up.[93][131] Withdrawal from benzodiazepines did not lead to an increased use of antidepressants.[132]

Withdrawal process

It can be too difficult to withdraw from short- or intermediate-acting benzodiazepines because of the intensity of the rebound symptoms felt between doses.[4][133][134][135] Moreover, short-acting benzodiazepines appear to produce a more intense withdrawal syndrome.[136] For this reason, discontinuation is sometimes carried out by first substituting an equivalent dose of a short-acting benzodiazepine with a longer-acting one like diazepam or chlordiazepoxide. Failure to use the correct equivalent amount can precipitate a severe withdrawal reaction.[137] Benzodiazepines with a half-life of more than 24 hours include chlordiazepoxide, diazepam, clobazam, clonazepam, chlorazepinic acid, ketazolam, medazepam, nordazepam, and prazepam. Benzodiazepines with a half-life of less than 24 hours include alprazolam, bromazepam, brotizolam, flunitrazepam, loprazolam, lorazepam, lormetazepam, midazolam, nitrazepam, oxazepam, and temazepam.[8] The resultant equivalent dose is then gradually reduced. The reduction rate used in the Heather Ashton protocol calls for eliminating 10% of the remaining dose every two to four weeks, depending on the severity and response to reductions with the final dose at 0.5 mg dose of diazepam or 5 mg dose of chlordiazepoxide.[4]

Duration

After the last dose has been taken, the acute phase of the withdrawal generally lasts for about two months. Withdrawal symptoms, even from low-dose use, typically persist for six to twelve months and gradually improve over that period,[27][93] however, clinically significant withdrawal symptoms may persist for years, although gradually declining.

A clinical trial of patients taking the benzodiazepine alprazolam for as short as eight weeks triggered protracted symptoms of memory deficits which were still present up to eight weeks after cessation of

alprazolam.[138]

Protracted withdrawal syndrome

Protracted withdrawal syndrome refers to symptoms persisting for months or even years. A significant minority of people withdrawing from benzodiazepines, perhaps 10 to 15%, experience a protracted withdrawal syndrome which can sometimes be severe. Symptoms may include tinnitus,[54][139] psychosis, cognitive deficits, gastrointestinal complaints, insomnia, paraesthesia (tingling and numbness), pain (usually in limbs and extremities), muscle pain, weakness, tension, painful tremor, shaking attacks, jerks, and blepharospasm[16] and may occur even without a pre-existing history of these symptoms. Tinnitus occurring during dose reduction or discontinuation of benzodiazepines is alleviated by recommencement of benzodiazepines.

A study testing neuropsychological factors found psychophysiological markers differing from normals, and concluded that protracted withdrawal syndrome was a genuine iatrogenic condition caused by the long-term use.[140] The causes of persisting symptoms are a combination of pharmacological factors such as persisting drug induced receptor changes, psychological factors both caused by the drug and separate from the drug and possibly in some cases, particularly high dose users, structural brain damage or structural neuronal damage.[16][141] Symptoms continue to improve over time, often to the point where people eventually resume their normal lives, even after years of incapacity.[4]

A slow withdrawal rate significantly reduces the risk of a protracted and/or severe withdrawal state. Protracted withdrawal symptoms can be punctuated by periods of good days and bad days. When symptoms increase periodically during protracted withdrawal, physiological changes may be present, including dilated pupils as well as an increase in blood pressure and heart rate.[21] The change in symptoms has been proposed to be due to changes in receptor sensitivity for GABA during the process of tolerance reversal.[4] A meta-analysis found cognitive impairments due to benzodiazepine use show improvements after six months of withdrawal, but the remaining cognitive impairments may be permanent or may require more than six months to reverse.[142]

Protracted symptoms continue to fade over a period of many months or several years. There is no known cure for protracted benzodiazepine withdrawal syndrome except time,[16] however, the medication flumazenil was found to be more effective than placebo in reducing feelings of hostility and aggression in patients who had been free of benzodiazepines for 4–266 weeks.[111] This may suggest a role for flumazenil in treating protracted benzodiazepine withdrawal symptoms.

Epidemiology

The severity and length of the withdrawal syndrome is likely determined by various factors, including rate of tapering, length of use and dosage size, and possible genetic factors.[4][143] Those who have a prior history of withdrawing from benzodiazepines may have a sensitized or kindled central nervous system leading to worsening cognition and symptomatology, and making each subsequent withdrawal period worse.[87][88][89][144]

Special populations

Pediatrics

A neonatal withdrawal syndrome, sometimes severe, can occur when the mother had taken benzodiazepines, especially during the third trimester. Symptoms include hypotonia, apnoeic spells, cyanosis, and impaired metabolic responses to cold stress and seizures. The neonatal benzodiazepine withdrawal syndrome has been reported to persist from hours to months after birth.[145]

A withdrawal syndrome is seen in about 20% of pediatric intensive care unit children after infusions with benzodiazepines or opioids.[146] The likelihood of having the syndrome correlates with total infusion duration and dose, although duration is thought to be more important.[147] Treatment for withdrawal usually involves weaning over a 3- to 21-day period if the infusion lasted for more than a week.[148] Symptoms include tremors, agitation, sleeplessness, inconsolable crying, diarrhea and sweating. In total, over fifty withdrawal symptoms are listed in this review article.[146][149] Environmental measures aimed at easing the symptoms of neonates with severe abstinence syndrome had little impact, but providing a quiet sleep environment helped in mild cases.[146]

Pregnancy

Discontinuing benzodiazepines or antidepressants abruptly due to concerns of teratogenic effects of the medications has a high risk of causing serious complications, so is not recommended. For example, abrupt withdrawal of benzodiazepines or antidepressants has a high risk of causing extreme withdrawal symptoms, including suicidal ideation and a severe rebound effect of the return of the underlying disorder if present. This can lead to hospitalisation and potentially, suicide. One study reported one-third of mothers who suddenly discontinued or very rapidly tapered their medications became acutely suicidal due to 'unbearable symptoms'. One woman had a medical abortion, as she felt she could no longer cope, and another woman used alcohol in a bid to combat the withdrawal symptoms from benzodiazepines. Spontaneous abortions may also result from abrupt withdrawal of psychotropic medications, including benzodiazepines. The study reported physicians generally are not aware of the severe consequences of abrupt withdrawal of psychotropic medications such as benzodiazepines or antidepressants.[75]

The elderly

A study of the elderly who were benzodiazepine dependent found withdrawal could be carried out with few complications and could lead to improvements in sleep and cognitive abilities. At 52 weeks after successful withdrawal, a 22% improvement in cognitive status was found, as well as improved social functioning. Those who remained on benzodiazepines experienced a 5% decline in cognitive abilities, which seemed to be faster than that seen in normal aging, suggesting the longer the intake of benzodiazepines, the worse the cognitive effects become. Some worsening of symptoms were seen in the first few months of benzodiazepine abstinence, but at a 24-week followup, elderly subjects were clearly improved compared to those who remained on benzodiazepines. Improvements in sleep were seen at the 24- and 52-week followups. The authors concluded benzodiazepines were not effective in the long term for sleep problems except in suppressing withdrawal-related rebound insomnia. Improvements were seen between 24 and 52 weeks after withdrawal in many factors, including improved sleep and several cognitive and performance abilities. Some cognitive abilities, which are sensitive to benzodiazepines, as well as age, such as episodic memory did not improve. The authors, however, cited a study in younger patients who at a 3.5-year followup showed no memory impairments and speculated that certain memory functions take longer to recover from chronic benzodiazepine use and further improvements in elderly people's cognitive function may occur beyond 52 weeks after withdrawal. The reason it took 24 weeks for improvements to be seen after cessation of

benzodiazepine use was due to the time it takes the brain to adapt to the benzodiazepine-free environment.[150]

At 24 weeks, significant improvements were found, including accuracy of information processing improved, but a decline was seen in those who remained on benzodiazepines. Further improvements were noted at the 52-week followup, indicating ongoing improvements with benzodiazepine abstinence. Younger people on benzodiazepines also experience cognitive deterioration in visual spatial memory, but are not as vulnerable as the elderly to the cognitive effects.[150]

Improved reaction times were noted at 52 weeks in elderly patients free from benzodiazepines. This is an important function in the elderly, especially if they drive a car due to the increased risk of road traffic accidents in benzodiazepine users.[150]

At the 24-week followup, 80% of people had successfully withdrawn from benzodiazepines. Part of the success was attributed to the placebo method used for part of the trial which broke the psychological dependence on benzodiazepines when the elderly patients realised they had completed their gradual reduction several weeks previously, and had only been taking placebo tablets. This helped reassure them they could sleep without their pills.[150]

The authors also warned of the similarities in pharmacology and mechanism of action of the newer nonbenzodiazepine Z drugs.[150]

The elimination half-life of diazepam and chlordiazepoxide, as well as other long half-life benzodiazepines, is twice as long in the elderly compared to younger individuals. Many doctors do not adjust benzodiazepine dosage according to age in elderly patients.[151]

Inpatient treatment

Inpatient drug detox and/or rehabilitation facilities may be inappropriate for those who have become tolerant or dependent while taking the drug as prescribed, as opposed to recreational use. Such inpatient referrals may be traumatic for non-abusers.[21]

See also

- Alcohol withdrawal syndrome
- Benzodiazepine dependence
- Benzodiazepine equivalence
- Opioid withdrawal syndrome
- Physical dependence
- Post-acute-withdrawal syndrome
- Rebound effect
- SSRI discontinuation syndrome

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External links

- Benzodiazepine Withdrawal Symptom Relief (http://www.discoveryplace.info/benzo-withdrawal-ultimate-guide-symptom-relief)
- Benzodiazepines: How they work and how to withdraw by Professor Heather Ashton (http://www.benzo.org.uk/manual/)
- The Minor Tranquilliser Project. For support, Camden, UK (http://www.mindincamden.org.uk/mtproject.htm)
- Benzodiazepine withdrawal syndrome (https://dmoztools.net/Health/Mental_Health/Disorders/Substance_Related/Support_Groups/) at DMOZ

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Adverse effects of psychoactive drugs Disorders causing seizures
Biology of obsessive–compulsive disorder

EX 5

Clonazepam (Oral Route)

Precautions

Drug information provided by: Micromedex

It is very important that your doctor check your progress at regular visits to see if the medicine is working properly and to allow for changes in the dose. Blood tests may be needed to check for unwanted effects.

Using this medicine while you are pregnant can harm your unborn baby. Use an effective form of birth control to keep from getting pregnant. If you think you have become pregnant while using the medicine, tell your doctor right away.

This medicine may cause drowsiness, trouble with thinking, trouble with controlling movements, or trouble with seeing clearly. Make sure you know how you react to this medicine before you drive, use machines, or do anything else that could be dangerous if you are not alert or able to think or see well.

This medicine may cause some people to be agitated, irritable, or display other abnormal behaviors. It may also cause some people to have suicidal thoughts and tendencies or to become more depressed. If you or your caregiver notice any of these unwanted effects, tell your doctor right away.

If you have been taking this medicine for a long time, do not stop taking it without checking first with your doctor. Your doctor may want you to gradually reduce the amount you are using before stopping it completely. This may help prevent worsening of your condition and reduce the possibility of withdrawal symptoms, such as seizures, hallucinations, stomach or muscle cramps, tremors, or unusual behavior.

This medicine will add to the effects of alcohol and other central nervous system (CNS) depressants (medicines that make you drowsy or less alert). Some examples of CNS depressants are antihistamines or medicine for allergies or colds, sedatives, tranquilizers, or sleeping medicine, prescription pain medicine or narcotics, barbiturates (used for seizures), muscle relaxants, or anesthetics (numbing medicines), including some dental anesthetics. Check with your doctor before taking any of these products while you are using this medicine.

Do not take other medicines unless they have been discussed with your doctor. This includes prescription or nonprescription (over-the-counter [OTC]) medicines and herbal or vitamin

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Drugs and Supplements

Clonazepam (Oral Route)

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2. Before Using
3. Proper Use
4. Precautions
5. Side Effects

Products and services

Precautions

Drug information provided by: Micromedex

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Drugs and Supplements

Alprazolam (Oral Route)

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Each tablet of Xanax contains 0.25, 0.5, 1, or 2 milligrams (mg) of alprazolam. In general, higher doses will take longer for your body to fully metabolize.

The total length of time you've been taking Xanax will also affect how long the effects last in your body. People who have been taking Xanax on a regular basis will consistently maintain a higher concentration in their bloodstream. It will take longer to fully eliminate all of the Xanax from your body, though you may not necessarily "feel" the sedative effects for longer because you've built up a tolerance to the medication.

Other medications

Xanax is cleared by your body through a pathway known as cytochrome P450 3A (CYP3A). Drugs that inhibit CYP3A4 make it more difficult for your body to break down Xanax. This means that the effects of Xanax will last longer.

Medications that increase the time it takes for Xanax to leave the body include:

- azole antifungal agents, including ketoconazole and itraconazole
- nefazodone (Serzone), an antidepressant
- fluvoxamine, a drug used to treat obsessive-compulsive disorder (OCD)
- macrolide antibiotics such as erythromycin and clarithromycin
- cimetidine (Tagamet), for heartburn
- propoxyphene, an opioid pain medication
- oral contraceptives (birth control pills)

On the other hand, certain medications help to induce, or speed up the process, of CYP3A. These medications will make your body break down Xanax even faster. An example is the seizure medication carbamazepine (Tegretol) and an herbal remedy known as St. John's wort.

Alcohol use

Alcohol and Xanax taken in combination have a synergistic effect on one another. This means that the effects of Xanax are increased if you consume alcohol. It will take longer to clear Xanax from your body. Combining alcohol with Xanax can lead to dangerous side effects, including the possibility of a fatal overdose.

Withdrawal symptoms

You shouldn't stop taking Xanax abruptly without consulting your doctor because you can have serious withdrawal symptoms. These may include:

- mild dysphoria (feeling uneasy and restless)
- an inability to sleep
- muscle cramps
- vomiting
- sweating

- tremors
- convulsions
- hallucinations

Instead, the dosage should be reduced gradually over time to prevent withdrawal. This is called tapering. It's suggested that the daily dosage is decreased by no more than 0.5 mg every three days.

For panic disorders, the dosage of Xanax is often greater than 4 mg per day. This can lead to severe physical and emotional dependence and make it much more difficult to taper treatment. Your doctor will help you discontinue Xanax in a careful and safe way.

Takeaway

Xanax should fully clear the body in less than four days for most healthy individuals. However, there are a number of factors that could alter the time it takes for Xanax to clear the body, including age, race, weight, and dose.

If you've been prescribed Xanax, make sure your doctor knows what other medications and supplements you're taking. Only take your prescribed dose of Xanax, even if you think the medication isn't working anymore. High doses can cause dangerous side effects. It's also possible to overdose on Xanax, especially if it's taken with alcohol or in conjunction with opioid pain medications.

Although they're prescription drugs, benzodiazepines such as Xanax have been associated with serious health issues, especially when it's taken long term. It's important to only stop taking Xanax under your doctor's supervision. The withdrawal process can be dangerous without medical help.

- Benzodiazepines and opioids. (2017). drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids
- How long does Xanax stay in your system? (n.d.). americanaddictioncenters.org/xanax-treatment/how-long-in-system
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How Long Does Xanax Last?

Alprazolam, more commonly known by its brand name, Xanax, is a medication indicated to treat anxiety and panic disorders. Xanax is in a class of medications known as benzodiazepines. It's considered a mild tranquilizer.

Xanax helps to calm the nerves and induces a feeling of relaxation. In high doses, however, it has the potential to be abused and can lead to dependence (addiction). For this reason, it's classified as a federal controlled substance (C-IV).

If you're new to taking Xanax, you may be wondering how long the effects will last in your body, factors that might influence how long Xanax stays in your system, and what to do if you decide to stop taking it.

How long does it take to feel the effects of Xanax?

Xanax is taken by mouth and is readily absorbed into the bloodstream. You should start feeling the effects of Xanax in under an hour. The medication reaches peak concentrations in the bloodstream in one to two hours following ingestion.

People who take Xanax will often build up a tolerance. For these people, it may take longer to feel the sedative effects of Xanax or the sedation may not feel as strong.

How long does it take for the effects of Xanax to wear off?

One way to find out how long a drug will last in the body is to measure its half-life. The half-life is the time it takes for half of the drug to be eliminated from the body.

Xanax has an average half-life of roughly 11 hours in healthy adults. In other words, it takes 11 hours for the average healthy person to eliminate half of the dose of Xanax. However, it's important to note that everyone metabolizes medications differently, so the half-life will vary from person to person. Studies have shown that the half-life of Xanax ranges from 6.3 to 26.9 hours, depending on the person.

It takes several half-lives to fully eliminate a drug. For most people, Xanax will fully clear their body within two to four days. But you will stop "feeling" the sedative effects of Xanax before the drug has actually fully cleared your body. This is why you may be prescribed Xanax up to three times per day.

Factors that influence how long the effects of Xanax last

A number of factors can influence the time it takes for Xanax to clear the body. These include:

- age
- weight
- race
- metabolism
- liver function
- how long you've been taking Xanax
- dosage
- other medications

There's no difference in the average half-life between men and women.

Age

The half-life of Xanax is higher in elderly people. Studies have found that the average half-life is 16.3 hours in healthy elderly people, compared to an average half-life of roughly 11 hours in younger, healthy adults.

Weight

For obese individuals, it may be more difficult for your body to break down Xanax. The half-life of Xanax in people who are obese is higher than average. It ranged between 9.9 and 40.4 hours, with an average of 21.8 hours.

Ethnicity

Studies have found that the half-life of Xanax is increased by 25 percent in Asians compared to Caucasians.

Metabolism

A higher basal metabolic rate may decrease the time it takes for Xanax to leave the body. People who exercise regularly or have faster metabolisms may be able to excrete Xanax faster than people who are sedentary.

Liver function

It takes longer for people with alcoholic liver disease to break down, or metabolize, Xanax. On average, the half-life of Xanax in people with this liver problem is 19.7 hours.

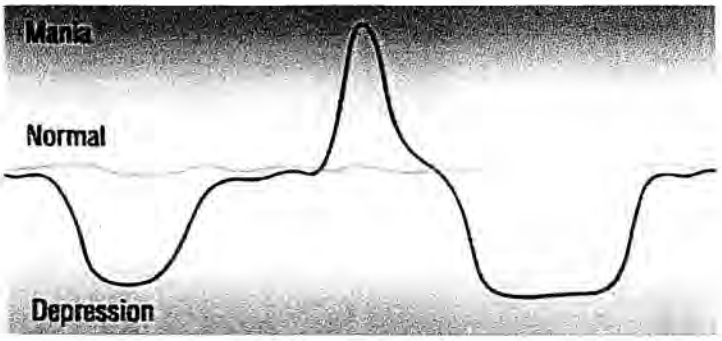
Dosage

EX # 5(b)

Bipolar Disorder (Manic Depressive Illness or Manic Depression)

What Is It?

Bipolar disorder, which used to be called manic depressive illness or manic depression, is a mental disorder characterized by wide mood swings from high (manic) to low (depressed).



Periods of high or irritable mood are called manic episodes. The person becomes very active, but in a scattered and unproductive way, sometimes with painful or embarrassing consequences. Examples are spending more money than is wise or getting involved in sexual adventures that are regretted later. A person in a manic state is full of energy or very irritable, may sleep far less than normal, and may dream up grand plans that could never be carried out. The person may develop thinking that is out of step with reality -- psychotic symptoms -- such as false beliefs (delusions) or false perceptions (hallucinations). During manic periods, a person may run into trouble with the law. If a person has milder symptoms of mania and does not have psychotic symptoms, it is called "hypomania" or a hypomanic episode.

The expert view of bipolar disorder will continue to evolve, but it is now commonly divided into two subtypes (bipolar I and bipolar II) based on the dividing line between mania and hypomania described above.

- Bipolar I disorder is the classic form where a person has had at least one manic episode.
- In bipolar II disorder, the person has never had a manic episode, but has had at least one hypomanic episode and at least one period of significant depression.

Most people who have manic episodes also experience periods of depression. In fact, there is some evidence that the depression phase is much more common than periods of mania in this illness. Bipolar depression can be much more distressing than mania and, because of the risk of suicide, is potentially more dangerous.

A disorder that is classified separately, but is closely related to bipolar disorder, is cyclothymia. People with this disorder fluctuate between hypomania and mild or moderate depression without ever developing a full manic or depressive episode.

Some people with bipolar disorder switch frequently or rapidly between manic and depressive symptoms, a pattern that is often called "rapid cycling." If manic and depressive symptoms overlap for a period, it is called a "mixed" episode. During such periods, it may be difficult to tell which mood -- depression or mania -- is more prominent.

People who have had one manic episode most likely will have others if they do not seek treatment. The illness tends to run in families. Unlike depression, in which women are more frequently diagnosed, bipolar disorder happens nearly equally in men and women.

Since bipolar disorder can come in so many forms, it is difficult to determine its prevalence. Depending on how they define the disorder, researchers estimate that bipolar disorder occurs in up to 4% of the population. When a particularly broad definition is used, the estimate can be even higher.

The most important risk of this illness is the risk of suicide. People who have bipolar disorder are also more likely to abuse alcohol or other substances.

Symptoms

During the manic phase, symptoms can include:

- High level of energy and activity
- Irritable mood
- Decreased need for sleep
- Exaggerated, puffed-up self-esteem ("grandiosity")
- Rapid or "pressured" speech
- Rapid thoughts
- Tendency to be easily distracted
- Increased recklessness
- False beliefs (delusions) or false perceptions (hallucinations)

During elated moods, a person may have delusions of grandeur, while irritable moods are often accompanied by paranoid or suspicious feelings.

During a depressive period, symptoms may include:

- Distinctly low or irritable mood
- Loss of interest or pleasure
- Eating more or less than normal
- Gaining or losing weight
- Sleeping more or less than normal
- Appearing slowed or agitated
- Fatigue and loss of energy
- Feeling worthless or guilty
- Poor concentration
- Indecisiveness
- Thoughts of death, suicide attempts or plans

Diagnosis

Since there are no medical tests to establish this diagnosis, a mental health professional diagnoses bipolar disorder based on a person's history and symptoms. The diagnosis is based not just on the current symptoms, but also take into account the problems and symptoms that have occurred through a person's life.

People with bipolar disorder are more likely to seek help when they are depressed than when manic or hypomanic. It is important to tell your doctor about any history of manic symptoms (like those described above). If a doctor prescribes an antidepressant for a person with such a history, the antidepressant could trigger a manic episode.

Because medications and other illnesses can cause symptoms of mania and depression, a psychiatrist and primary care physician must sometimes work together with other mental health professionals to evaluate the problem. For example, the course of the illness can be affected by steroid treatment or a thyroid problem.

Expected Duration

If left untreated, a first episode of mania lasts an average of two to four months and a depressive episode up to eight months or longer, but there can be many variations. If the person does not get treatment, episodes tend to become more frequent and last longer as time passes.

Prevention

There is no way to prevent bipolar disorder, but treatment can prevent manic and depressive episodes or at least reduce their intensity or frequency. Also, if you are able to talk to your health care provider as early as you can about milder forms of the disorder, you may be able to ward off more severe forms. Unfortunately, worries about stigma often stop people from mentioning their concerns to their primary care doctor or other caregiver.

Treatment

A combination of medication and talk therapy is most helpful. Often more than one medication is needed to keep the symptoms in check.

Mood Stabilizers

The best-known and oldest mood stabilizer is lithium carbonate, which can reduce the symptoms of mania and prevent them from returning. Although it is one of the oldest medicines used in psychiatry, and although many other drugs have been introduced in the meantime, much evidence shows that it is still the most effective of the available treatments.

Lithium also may reduce the risk of suicide.

If you take lithium, you have to have periodic blood tests to make sure the dose is high enough, but not too high. Side effects include nausea, diarrhea, frequent urination, tremor (shaking) and

diminished mental sharpness. Lithium can cause some minor changes in tests that show how well your thyroid, kidney and heart are functioning. These changes are usually not serious, but your doctor will want to know what your blood tests show before you start taking lithium. You will have to get an electrocardiogram (EKG), thyroid and kidney function tests, and a blood test to count your white blood cells.

For many years, antiseizure medications (also called "anticonvulsants") have also been used to treat bipolar disorder. The most common in use are valproic acid (Depakote) and lamotrigine (Lamictal). A doctor may also recommend treatment with other antiseizure medications — gabapentin (Neurontin), topiramate (Topamax), or oxcarbazepine (Trileptal).

EX #5(C)

Xanax

Generic Name: alprazolam (al PRAY zoe lam)
Brand Names: *Niravam, Xanax, Xanax XR*

Medically reviewed on September 28, 2016.

What is Xanax?

Xanax (alprazolam) is a benzodiazepine (ben-zoe-dye-AZE-eh-peen). Alprazolam affects chemicals in the brain that may be unbalanced in people with anxiety.

Xanax is used to treat anxiety disorders, panic disorders, and anxiety caused by depression.

Xanax may also be used for purposes not listed in this medication guide.

Slideshow
Xanax: 12 Things You Should Know

Important information

You should not use Xanax if you have narrow-angle glaucoma, if you also take itraconazole or ketoconazole, or if you are allergic to Xanax or similar medicines (Valium, Ativan, Tranxene, and others).

Do not use Xanax if you are pregnant. This medicine can cause birth defects or life-threatening withdrawal symptoms in a newborn.

Alprazolam may be habit-forming. **Misuse of habit-forming medicine can cause addiction, overdose, or death.**

Do not drink alcohol while taking Xanax. This medication can increase the effects of alcohol. Alprazolam may be habit-forming and should be used only by the person for whom it was prescribed. Keep the medication in a secure place where others cannot get to it.

Before taking this medicine

It is dangerous to purchase Xanax on the Internet or from vendors outside the United States. Medications distributed from Internet sales may contain dangerous ingredients, or may not be distributed by a licensed pharmacy. The sale and distribution of Xanax outside the U.S. does not comply with the regulations of the Food and Drug Administration (FDA) for the safe use of this medication.

You should not take Xanax if you have:

- narrow-angle glaucoma;
- if you are also taking itraconazole or ketoconazole; or
- if you are allergic to alprazolam or to other benzodiazepines, such as chlordiazepoxide (Librium), clorazepate (Tranxene), diazepam (Valium), lorazepam (Ativan), or oxazepam (Serax).

To make sure Xanax is safe for you, tell your doctor if you have:

- seizures or epilepsy;
- kidney or liver disease (especially alcoholic liver disease);
- asthma or other breathing disorder;
- open-angle glaucoma;
- a history of depression or suicidal thoughts or behavior;
- a history of drug or alcohol addiction; or
- if you also use a narcotic (opioid) medication.

Do not use Xanax if you are pregnant. This medicine can cause birth defects. Your baby could also become dependent on the drug. This can cause **life-threatening withdrawal symptoms** in the baby after it is born. Babies born dependent on habit-forming medicine may need medical treatment for several weeks. Tell your doctor if you are pregnant or plan to become pregnant. Use effective birth control to prevent pregnancy while you are taking Xanax.

Alprazolam can pass into breast milk and may harm a nursing baby. You should not breast-feed while you are using Xanax.

The sedative effects of Xanax may last longer in older adults. Accidental falls are common in elderly patients who take benzodiazepines. Use caution to avoid falling or accidental injury while you are taking Xanax.

Xanax is not approved for use by anyone younger than 18 years old.

How should I take Xanax?

Take Xanax exactly as prescribed by your doctor. Follow all directions on your prescription label. Never use alprazolam in larger amounts, or for longer than prescribed. Tell your doctor if the medicine seems to stop working as well in treating your symptoms.

Alprazolam may be habit-forming. **Never share Xanax with another person, especially someone with a history of drug abuse or addiction.** Keep the medication in a place where others cannot get to it.

Misuse of habit-forming medicine can cause addiction, overdose, or death. Selling or giving away this medicine is against the law.

Do not crush, chew, or break a **Xanax extended-release tablet**. Swallow the tablet whole.

Call your doctor if this medicine seems to stop working as well in treating your panic or anxiety symptoms.

Do not stop using Xanax suddenly, or you could have unpleasant withdrawal symptoms. Ask your doctor how to safely stop using this medicine.

If you use this medicine long-term, you may need frequent medical tests.

Store Xanax at room temperature away from moisture and heat.

Keep track of the amount of medicine used from each new bottle. Xanax is a drug of abuse and you should be aware if anyone is using your medicine improperly or without a prescription.

See also: Dosage Information (in more detail)

What happens if I miss a dose?

Take the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. Do not take extra medicine to make up the missed dose.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222. **An overdose of alprazolam can be fatal.** Overdose symptoms may include extreme drowsiness, confusion, muscle weakness, loss of balance or coordination, feeling light-headed, and fainting.

What should I avoid while taking Xanax?

Xanax may impair your thinking or reactions. Be careful if you drive or do anything that requires you to be alert.

Avoid drinking alcohol. Dangerous side effects could occur.

Grapefruit and grapefruit juice may interact with alprazolam and lead to unwanted side effects. Discuss the use of grapefruit products with your doctor.

Xanax side effects

Get emergency medical help if you have **signs of an allergic reaction to Xanax**: hives; difficult breathing; swelling of your face, lips, tongue, or throat.

Call your doctor at once if you have:

- depressed mood, thoughts of suicide or hurting yourself;
- racing thoughts, increased energy, unusual risk-taking behavior;
- confusion, agitation, hostility, hallucinations;
- uncontrolled muscle movements, tremor, seizure (convulsions); or
- pounding heartbeats or fluttering in your chest.

Common Xanax side effects may include:

- drowsiness, feeling tired;
- slurred speech, lack of balance or coordination;
- memory problems; or
- feeling anxious early in the morning.

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

See also: Side effects (in more detail)

Xanax dosing information

Usual Adult Dose of Xanax for Anxiety:

Immediate-release tablets, orally disintegrating tablets, oral concentrate:
Initial dose: 0.25 to 0.5 mg orally 3 times a day
This dose may be gradually increased every 3 to 4 days if needed and tolerated.
Maintenance dose: May increase up to maximum daily dose of 4 mg in divided doses

Usual Adult Dose for Panic Disorder:

Immediate-release tablets, orally disintegrating tablets:
Initial dose: 0.5 mg orally 3 times a day
This dose may be gradually increased every 3 to 4 days if needed and tolerated.
Maintenance dose: 1 to 10 mg per day in divided doses
Mean dose employed: 5 to 6 mg per day in divided doses

Extended-release tablets:
Initial dose: 0.5 to 1 mg once a day
The daily dose may be gradually increased by no more than 1 mg every 3 to 4 days if needed and tolerated.
Maintenance dose: 1 to 10 mg once a day
Mean dose employed: 3 to 6 mg once a day

Usual Adult Dose of Xanax for Depression:

Immediate-release tablets, orally disintegrating tablets, oral concentrate:
Initial dose: 0.5 mg orally 3 times a day

The daily dose may be gradually increased by no more than 1 mg every 3 to 4 days.
Average Dose: Studies on the use of alprazolam for the treatment of depression have reported an average effective dose of 3 mg orally daily in divided doses
Maximum Dose: Studies on the use of alprazolam for the treatment of depression have reported to have used 4.5 mg orally daily in divided doses as a maximum.

Usual Geriatric Dose for Anxiety:

Immediate-release tablets, orally disintegrating tablets, oral concentrate:
Initial dose: 0.25 mg orally 2 to 3 times a day in elderly or debilitated patients
This dose may be gradually increased if needed and tolerated.

Because of increased sensitivity to benzodiazepines in elderly patients, alprazolam at daily doses greater than 2 mg meets the Beers criteria as a medication that is potentially inappropriate for use in older adults. Smaller doses may be effective as well as safer. Total daily doses should rarely exceed suggested maximums.

Usual Geriatric Dose for Depression:

Immediate-release tablets, orally disintegrating tablets, oral concentrate:
Initial dose: 0.25 mg orally 2 to 3 times a day in elderly or debilitated patients
This dose may be gradually increased if needed and tolerated.

Because of increased sensitivity to benzodiazepines in elderly patients, alprazolam at daily doses greater than 2 mg meets the Beers criteria as a medication that is potentially inappropriate for use in older adults. Smaller doses may be effective as well as safer. Total daily doses should rarely exceed suggested maximums.

Usual Geriatric Dose for Panic Disorder:

Immediate-release tablets, orally disintegrating tablets:
Initial dose: 0.25 mg orally 2 to 3 times a day in elderly or debilitated patients
This dose may be gradually increased if needed and tolerated.

Extended-release tablets:
Initial dose: 0.5 mg once a day preferably in the morning
This dose may be gradually increased if needed and tolerated.

Because of increased sensitivity to benzodiazepines in elderly patients, alprazolam at daily doses greater than 2 mg meets the Beers criteria as a medication that is potentially inappropriate for use in older adults. Smaller doses may be effective as well as safer. Total daily doses should rarely exceed suggested maximums.

DIV. 1 SKOKIE

EX #6

Sentencing Order/Supervision - Conditional Discharge - Probation
(This form replaces CCG N090, CCR N090A, CCR N090B)

(3/06/07) CCCR N090 A

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS

or

A Municipal Corporation

v.

Avado, Anthony AKA Cozar + Tejc

☒ Criminal Division ☒ Municipal District No. 2nd Br/Rm 209

Case No.: 11 CR 15230

Statute Citation: Agg DUI

IR No. 1450672 SID No.

SENTENCING ORDER
SUPERVISION - CONDITIONAL DISCHARGE - PROBATION

IT IS HEREBY ORDERED that the defendant is sentenced to a term of 18 ☐ Year(s) ☒ Month(s) ☐ Day(s)

☐ Supervision ☐ Conditional Discharge ☐ Probation (720 ILCS 550/10, 720 ILCS 570/410, or 720 ILCS 646/70) ☐ Probation

☒ Reporting (All DUI orders are reporting) ☐ Non-Reporting ☐ Limited Reporting (Monitor community service or restitution only)

☐ Scheduled Termination Date _____

IT IS FURTHER ORDERED that the defendant shall comply with the conditions as specified below:

STANDARD CONDITIONS

☑ If reporting is ordered, the defendant shall report immediately to:

☐ Social Service Department for conditional discharge/ supervision/community service and pay that department such sum as determined by that department in accordance with the standard probation fee guide. Said fee not to exceed $50.00 per month.

or

☒ Adult Probation Department for probation/community service, comply with Adult Probation's rules and regulations and pay that department such sum as determined by that department in accordance with the standard probation fee guide. Said fee not to exceed $50.00 per month.

☑ **Pay all fines, costs, fees, assessments, reimbursements and restitution** (if applicable)

☑ Not violate the criminal statute of any jurisdiction

☑ Refrain from possessing a firearm or other dangerous weapons

☑ Notify monitoring agency of change of address

☑ Not leave the State of Illinois without the consent of the court or monitoring agency

☑ Comply with reporting and treatment requirements as determined by the Adult Probation Department assessment. Any treatment requirements not specified elsewhere on this order that would cause a financial hardship shall be reviewed by the court before being imposed.

DRUG/ALCOHOL RELATED CONDITIONS

☐ Complete drug/alcohol evaluation and treatment recommendation

☐ **Submit to random drug testing**

☐ **Adult Probation Department Intensive Drug Program**

☐ Complete TASC Treatment Program

DUI RELATED CONDITIONS

☐ DUI Offenders Classified Level A, report immediately to Central States Institute of Addictions and commence the following intervention program within 60 days of this order:

☐ Minimum ☐ Moderate ☐ Significant

☒ DUI Offenders Classified Level B or C, report immediately to: ☐ The Social Service Department, ☒ The Adult Probation Department and complete a Comprehensive Correctional Intervention Assessment within 30 days, fully comply with the Comprehensive Intervention Plan and commence the following intervention program within 60 days of this order:

☐ Minimum ☐ Moderate ☒ Significant ☐ High

☒ Attend a Victim Impact Panel

☐ File proof of financial responsibility with the Secretary of State

☐ Surrender driver's license to the Clerk of the Court

☐ Pay all driver's license reinstatement fees

SPECIAL CONDITIONS

☐ Obtain a GED

☐ **Home Confinement** _____ **days**

☐ **Adult Probation Department Intensive Probation Supervision**

☒ Perform 100 hours of a community service as directed by the

☐ Social Service Department Community Service Program

☐ Sheriff's Work Alternative Program (773) 869-3686

☒ Adult Probation Department

☐ Avoid contact with

_____

☐ Complete mental health evaluation and treatment recommendations

☐ **Adult Probation Department Mental Health Unit**

☐ **Adult Probation Department Gang Unit**

☒ DNA Indexing

(1/05/04) CCCR N090 B

11 CR 15230

DOMESTIC VIOLENCE RELATED CONDITIONS

- ☐ Comply with all lawful court orders including an Order of Protection
- ☐ Complete Domestic Violence Program:
  - ☐ Defendants sentenced to Probation, as directed by Adult Probation
  - ☐ Defendants sentenced to Conditional Discharge or Supervision will complete domestic violence counseling and any other recommendations per the assessment of the Social Service Department, which may include an evaluation and/or treatment for alcohol and drug abuse, mental health, parenting, and sexual abuse.
- ☐ Modifications, which would impose a financial hardship shall be reviewed by the sentencing court before so ordered.

SEX OFFENDERS CONDITIONS

- ☐ Complete evaluation and treatment recommendation for sex offenders
- ☐ Register as a sex offender
- ☐ STD/HIV Testing
- ☐ **Adult Probation Department Sex Offender Program**
- ☐ DNA Testing

RESTITUTION

☐ Make restitution to _____ in the amount of $ _____, payable through the Social Service Department or Adult Probation Department at the rate of $ _____ per _____ with final payment due on or before _____

☒ Other 10 days CCDOC as required by statute
zero tolerance for alcohol
90 ~~days~~ meetings in 90 days
NO DRIVING ffe $ 1919

I acknowledge receipt of this Order and agree to abide by the specified conditions. I agree to accept notice by regular mail at the address provided to the monitoring agency and to answer questions asked by the Court related to my behavior. I understand that a failure to comply with the conditions of this order, or refusal to participate, or withdrawal or discharge from a required program, plan, or testing will be considered a violation of this Order and will be reported to the Court; and may result in a re-sentencing imposing the maximum penalty as provided for the offense.

1731 WESTERN CHGO IL
(Defendant's Address) (City/Town) (State/Zip)

12-1-62
(Defendant's Date of Birth) (Defendant's Telephone Number) (Defendant's Signature)

Dated: _____

ENTERED
JUN 27 2013
DOROTHY BROWN
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, IL
DEPUTY CLERK

Prepared by _____

ENTERED:

Dated: 6/27, 2013

_____ 1614
Judge Judge's No.

Note: Bold print specifications require additional written orders

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Copy Distribution – White: 1 ORIGINAL COURT FILE

EX #7

Law Offices of Kent R. Brody
29 S. LaSalle Street, Suite 328
Chicago, Illinois 60603

Telephone: 312 263 4600
Fax: 312 263 9838
cell phone 708.744.1301
Email: k.brody@brodygorelaw.com

June 27, 2013

re: Anthony Avado a/k/s/ Cesary Wojcik

Cermak Memorial Hospital
Cook County Department of Corrections
By Fax

The above listed individual, ANTHONY AVADO A/K/A CESARY WOJCIK has been sentenced today to 10 days in the Cook County Department of Corrections, with credit for 1 day already served.

Attached is a copy of the Court Order accompanying his mittimus listing the medications he is presently prescribed. As this individual has a history of seizure disorder, diabetes, and depression among other things, it is very important that he receive this medication in a timely fashion while he is in your custody.

Thank you for your attention to this matter.

Yours truly,

Kent R. Brody

MEDICAL EXPENSES

Exhibit 8

Patient : Wojcik
Cezar
RespPty :
2131 N Harlem Ave

Elmwood Park, IL 60707-3214

Birth : 01/12/1962

Pharmacy: Osco Drug #3477
4734 N. Pueblo
Chicago, IL 60656
RPh: Greif
Santina A
NCPDP#: 1403841

Prescriptions: Dates : 03/01/2018 TO 04/24/2018

LastFill	Rx #	Drug Name		Qty	T/P	Price	RPh
Physician Name							
03/01/2018	6956513	Lidocaine Viscous 2 %	Sol Hi-T	100	MIL	$0.00	SAG
WIACEK, JAN K							
03/07/2018	6969054	Hydroxyzine Pamoate 50 Mg	Cap Sand	30	MIL	$0.00	PMS
DUDZINSKI, CEZARY D							
03/08/2018	2939987	Hydrocodone-Acetaminophen 10-325 Mg	Tab Mall	30	MIL	$0.00	SAG
Ferkau, Karen							
03/23/2018	6963097	Prazosin Hcl 2 Mg	Cap Teva	30	MIL	$0.00	SAG
DUDZINSKI, CEZARY D							
03/29/2018	6971132	Gabapentin 600 Mg	Tab Nort	60	MIL	$0.00	SAG
WIACEK, JAN K							
03/29/2018	4940469	Alprazolam 2 Mg	Tab Parp	30	MIL	$0.00	SAG
WIACEK, JAN K							
03/30/2018	6956515	Cyclobenzaprine Hcl 10 Mg	Tab Solc	30	MIL	$0.00	SS
WIACEK, JAN K							
04/10/2018	4940242	Zolpidem Tartrate 10 Mg	Tab Nort	30	MIL	$0.00	SAG
DUDZINSKI, CEZARY D							
04/19/2018	6943018	Drysol 20 %	Sol Pers	60	MIL	$0.00	MAB
WIACEK, JAN K							
04/19/2018	4940612	Clonazepam 2 Mg	Tab Nort	60	MIL	$0.00	NA
DUDZINSKI, CEZARY D							
04/19/2018	6973152	Doxepin Hcl 50 Mg	Cap Myla	30	MIL	$0.00	NA
DUDZINSKI, CEZARY D							
04/19/2018	6973154	Hydroxyzine Pamoate 50 Mg	Cap Sand	90	MIL	$0.00	NA
DUDZINSKI, CEZARY D							
04/19/2018	6973153	Prazosin Hcl 2 Mg	Cap Teva	30	MIL	$0.00	NA
DUDZINSKI, CEZARY D							

MEDICAL EXPENSES

Patient : Wojcik
Cezar
RespPty :
2131 N Harlem Ave

Elmwood Park, IL 60707-3214

Birth : 01/12/1962

Pharmacy: Osco Drug #3477
4734 N. Pueblo
Chicago, IL 60656
RPh: Greif
Santina A
NCPDP#: 1403841

Prescriptions: Dates : 03/01/2017 TO 04/24/2017

LastFill	Rx #	Drug Name	Qty	T/P	Price	RPh
Physician Name						
03/02/2017	6923293	Fluticasone Propionate 50 Mcg/Act Spr Hi-T	16	MIL	$0.00	KG
DAMASARU, LENUS						
03/10/2017	6930711	Diclofenac Sodium Dr 75 Mg Tab Acta	60	MIL	$0.00	SAG
DAMASARU, LENUS						
03/16/2017	4928653	Clonazepam 2 Mg Tab Acco	60	MIL	$0.00	~BG
DUDZINSKI, CEZARY D						
03/22/2017	6928657	Prazosin Hcl 1 Mg Cap Myla	30	MIL	$0.00	~BG
DUDZINSKI, CEZARY D						
03/27/2017	6923292	Cyclobenzaprine Hcl 10 Mg Tab Myla	30	MIL	$0.00	JJ
DAMASARU, LENUS						
03/27/2017	4923381	Zolpidem Tartrate 10 Mg Tab Nort	30	MIL	$0.00	~BG
DAMASARU, LENUS						
03/27/2017	6938673	Trazodone Hcl 150 Mg Tab Sunp	30	MIL	$0.00	SAG
DUDZINSKI, CEZARY D						
04/01/2017	6924064	Nortriptyline Hcl 10 Mg Cap Taro	30	MIL	$0.00	JJ
Bergman-Bock, Stuart						
04/03/2017	4923308	Clonazepam 1 Mg Tab Nort	120	MIL	$0.00	SAG
DUDZINSKI, CEZARY D						
04/04/2017	8930322	Vitamin D3 2,000 Unit Cap Rugb	30	CSH	$7.99	~BG
DAMASARU, LENUS						
04/06/2017	6928655	Hydroxyzine Hcl 50 Mg Tab Nort	60	MIL	$0.00	MAB
DUDZINSKI, CEZARY D						
04/07/2017	6930542	Gabapentin 600 Mg Tab Nort	60	MIL	$0.00	SAG
DAMASARU, LENUS						
04/14/2017	6928652	Venlafaxine Hcl Er 24hr 150 Mg Cap Zydu	30	MIL	$0.00	SAG
DUDZINSKI, CEZARY D						

RUSH UNIVERSITY MEDICAL CENTER

WOJCIK,CEZARY
MRN: 5368264
DOB: 1/12/1962, Sex: M

EX 9

ED Provider Notes signed by Shah, Meeta P, MD at 6/30/2013 1:24 PM

Author:	Shah, Meeta P, MD	Service:	Emergency	Author Type:	Attending
Filed:	6/30/2013 1:24 PM	Note Time:	6/30/2013 1:11 PM	Note Type:	ED Provider Notes

Chief Complaint
Patient presents with
- Chest Pain
- Shortness of Breath

HPI Comments: 51 yo male presents to the ER for evaluation of chest pain

HPI Comments: Patient presents to the ER for evaluation of chest pain that started 3-4 days ago. Reports intermittent pain, does not radiate. No cough. + sob that is worse with exertion. He feels very weak.
Chest Pain
This is a new problem. The current episode started on Friday. The problem has not changed since onset.The pain is present in the substernal region. Pertinent negatives include no fever. Has tried nothing for the symptoms.

Chest Pain
This is a new problem. The current episode started more than 2 days ago. The pain is associated with exertion and an emotional upset. The pain is present in the substernal region. The pain is moderate. The quality of the pain is described as dull and pressure-like. Associated symptoms include shortness of breath.
His past medical history is significant for anxiety/panic attacks.
Shortness of Breath
Associated symptoms include chest pain.

Past Medical History

Diagnosis	Date
• Anxiety	
• Traumatic brain injury *gun shot wound 20 years ago*	
• Hearing loss	
• Parkinson's disease	

Past Surgical History

Procedure	Date
• Hx back surgery	
• Hx knee surgery	
• Hx shoulder surgery	

Family History

Problem	Relation	Age of Onset
• Cancer	Mother	
• Cancer	Father	

WOJCIK, CEZARY

ID:5368264

30-JUN-2013 12:05:22

RUSH UNIVERSITY MEDICAL CENTER

51 yr
Male Caucasian

Room:BCC19
Loc:1

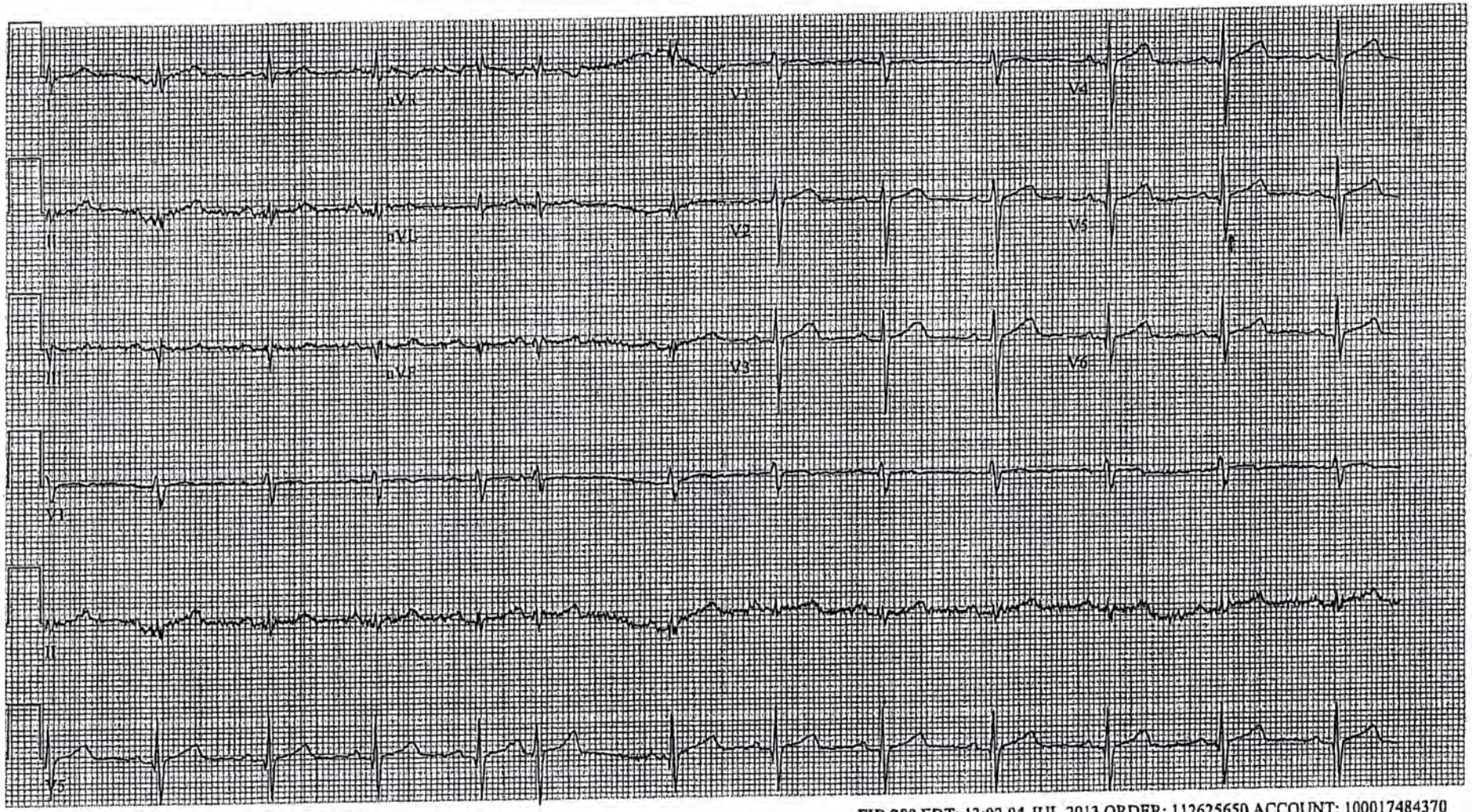
Vent. rate	76	BPM
PR interval	172	ms
QRS duration	94	ms
QT/QTc	398/447	ms
P-R-T axes	58 -17	51

Sinus rhythm with Premature atrial complexes
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG
When compared with ECG of 09-APR-2013 12:11,
Premature atrial complexes are now Present
Confirmed by SCHAER, MD, GARY (209) on 7/4/2013 1:02:22 PM

Technician:JAMES ROBERTSON
Test ind:786.50

Referred by: M SHAH

Confirmed By: GARY SCHAER, MD



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 11

EID:209 EDT: 13:02 04-JUL-2013 ORDER: 112625650 ACCOUNT: 100017484370

RUSH UNIVERSITY MEDICAL CENTER

Ex 10

1653 WEST CONGRESS PARKWAY
TOWER 1ST FLOOR
CHICAGO IL 60612
312-947-0100

Cezary Wojcik
DOB: 01/12/1962 MRN: 5368264 Weight: 90.719 kg (200 lb)
2123 N HARLEM
CHICAGO IL 60639

Jun 30, 2013

primidone (MYSOLINE) 50 mg PO tablet
take 3 Tablets by mouth nightly.
Quantity: **20 (Twenty) Tablet** Refills: **0 (Zero)**
Dispense as Written: No

divalproex ER (DEPAKOTE ER) 250 mg PO extended release tablet
take 1 Tablet by mouth daily. Swallow whole.
Quantity: **30 (Thirty) Tablet** Refills: **0 (Zero)**
Dispense as Written: No

propRANOLOL (INDERAL) 20 mg PO tablet
take 0.5 Tablets by mouth two times daily. Best if taken on an empty stomach.
Quantity: **40 (Forty) Tablet** Refills: **0 (Zero)**
Dispense as Written: No

FLUoxetine (PROZAC) 20 mg PO capsule
take 2 Capsules by mouth daily.
Quantity: **30 (Thirty) Capsule** Refills: **0 (Zero)**
Dispense as Written: No

Shah, ~~Meeta~~ P, MD

THIS DOCUMENT CONTAINS VOID PANTOGRAPH AND SECURITY BACKPRINT, PRINTED ON SAFETY PAPER

RUSH UNIVERSITY
MEDICAL CENTER

1653 WEST CONGRESS PARKWAY
TOWER 1ST FLOOR
CHICAGO IL 60612
312-947-0100

Cezary Wojcik
DOB: 01/12/1962 MRN: 5368264 Weight: 90.719 kg (200 lb)
2123 N HARLEM
CHICAGO IL 60639

Jun 30, 2013

clonAZEPAM (KLONOPIN) 1 mg PO tablet
take 1 Tablet by mouth two times daily. One in the morning and one at night, and prn at night
Quantity: **30 (Thirty) Tablet** Refills: **0 (Zero)**
Dispense as Written: No

ALPRAZolam (XANAX) 1 mg PO tablet
take 1 Tablet by mouth nightly as needed for Anxiety or Insomnia.
Quantity: **20 (Twenty) Tablet** Refills: **0 (Zero)**
Dispense as Written: No

Shah, Meeta P, MD
DEA: FS0811681

THIS DOCUMENT CONTAINS VOID PANTOGRAPH AND SECURITY BACKPRINT, PRINTED ON SAFETY PAPER

EX 11

RUSH UNIVERSITY MEDICAL CENTER
ED LMR

WOJCIK,CEZARY
MRN: 5368264
DOB: 1/12/1962, Sex: M
Acct #: 53682642012
Admitted: 6/30/2013 Discharge: 6/30/2013

ED Notes

ED Notes signed by Olvera, Isabel C, RN at 6/30/2013 12:07 PM

Author:	Olvera, Isabel C, RN	Service:	Emergency	Author Type:	Registered Nurse
Filed:	6/30/2013 12:07 PM	Note Time:	6/30/2013 12:07 PM		

C/o cp and sob, unable to come to er b/c he was incarcerated.

ED Notes signed by Ellington, Bailey, RN at 6/30/2013 12:25 PM

Author:	Ellington, Bailey, RN	Service:	Emergency	Author Type:	Registered Nurse
Filed:	6/30/2013 12:25 PM	Note Time:	6/30/2013 12:24 PM		

51 y.o M with c/o chest pain substernal since Wednesday intermittent. Pt also reports SOB, dizziness and HA as well. Pt released today from prison and reports he has not seen a MD about this problem yet. Pt reports hx of MI in past.

ED Notes signed by Shah, Meeta P, MD at 6/30/2013 2:05 PM

Author:	Shah, Meeta P, MD	Service:	Emergency	Author Type:	Attending
Filed:	6/30/2013 2:05 PM	Note Time:	6/30/2013 2:04 PM		

Patient opted not to stay for ed obs and stress. Wants to sign out ama says he feels better. Just needs his rx refill.

Patient AAOx3 and has decided to leave AMA. He is capable of making his own decisions. Understands the risks and morbidity and mortality.

ED Provider Notes

ED Provider Notes signed by Shah, Meeta P, MD at 6/30/2013 1:24 PM

Author:	Shah, Meeta P, MD	Service:	Emergency	Author Type:	Attending
Filed:	6/30/2013 1:24 PM	Note Time:	6/30/2013 1:11 PM		

Chief Complaint
Patient presents with
- Chest Pain
- Shortness of Breath

HPI Comments: 51 yo male presents to the ER for evaluation of chest pain

HPI Comments: Patient presents to the ER for evaluation of chest pain that started 3-4 days ago. Reports intermittent pain, does not radiate. No cough. + sob that is worse with exertion. He feels very weak.
Chest Pain
This is a new problem. The current episode started on Friday. The problem has not changed since onset.The pain is present in the substernal region. Pertinent negatives include no fever. Has tried nothing for the symptoms.

ED Provider Notes (continued)

Chest Pain
This is a new problem. The current episode started more than 2 days ago. The pain is associated with exertion and an emotional upset. The pain is present in the substernal region. The pain is moderate. The quality of the pain is described as dull and pressure-like. Associated symptoms include shortness of breath.
His past medical history is significant for anxiety/panic attacks.

Shortness of Breath
Associated symptoms include chest pain.

Past Medical History

Diagnosis	Date
• Anxiety	
• Traumatic brain injury *gun shot wound 20 years ago*	
• Hearing loss	
• Parkinson's disease	

Past Surgical History

Procedure	Date
• Hx back surgery	
• Hx knee surgery	
• Hx shoulder surgery	

Family History

Problem	Relation	Age of Onset
• Cancer	Mother	
• Cancer	Father	

Tobacco History

History	
Smoking status	
• Never Smoker	
Smokeless tobacco	
• Never Used	

Social History

Alcohol Use: Currently
Frequency of Use: Weekly Comments: 2-3

EX 12

COSMOPOLITAN HEALTH CARE CENTER
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 NORTH HARLEM AVENUE
CHICAGO, IL 60634
(773) 836-4520 TEL
(773) 836-4512 FAX
DEA # BJ 5360615

NAME Wojak Cezary DOB
ADDRESS DATE 7/10/13

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, AND REFILL INDICATOR

℞ to Neurology Clinic for evaluation and treatment.

Refill NR 1 2 3
☐ MAY SUBSTITUTE
☐ MAY NOT SUBSTITUTE

Cosmopolitan Health Care Center
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 N. Harlem Ave., Chicago, Illinois 60634
TEL.: 773.836.4520
FAX: 773.836.4512

(Signature)

2GOB0060355

COSMOPOLITAN HEALTH CARE CENTER
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 NORTH HARLEM AVENUE
CHICAGO, IL 60634
(773) 836-4520 TEL
(773) 836-4512 FAX
DEA # BJ 5360615

NAME Wojak Cezary DOB
ADDRESS DATE 7/10/13

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, AND REFILL INDICATOR

℞ to Orthopedic Clinic for evaluation and treatment.

Refill NR 1 2 3 4 5
☐ MAY SUBSTITUTE
☐ MAY NOT SUBSTITUTE

Cosmopolitan Health Care Center
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 N. Harlem Ave., Chicago, Illinois 60634
TEL.: 773.836.4520
FAX: 773.836.4512

(Signature)

2GOB0060355

Cosmopolitan Health Care Services, S.C.
JERRY A. JAKIMIEC, M.D.
PRIMARY CARE
3336 N. Harlem Avenue • Chicago, Illinois 60634
Phone: (773) 836-4520
Fax: (773) 836-4512
Pager: (312) 760-7535

Name Cezary Wojak
Date 8/3/13

℞ To Orthopedic Clinic for evaluation and treatment (x 5)

Refill ____ Times
☐ May Substitute

Cosmopolitan Health Care Center
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 N. Harlem Ave., Chicago, Illinois 60634
TEL.: 773.836.4520
FAX: 773.836.4512

SIGNATURE MD

DEA BJ5360615

COSMOPOLITAN HEALTH CARE CENTER
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 NORTH HARLEM AVENUE
CHICAGO, IL 60634
(773) 836-4520 TEL
(773) 836-4512 FAX
DEA # BJ 5360615

NAME [illegible] DOB 9/4/13
ADDRESS [illegible] DATE

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, AND REFILL INDICATOR

℞ Yo u/s Chimo Yo
Yo lower abdominal
u/s.
Ay abdominal

Cosmopolitan Health Care Center
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 N. Harlem Ave., Chicago, Illinois 60634
TEL.: 773.836.4520
FAX: 773.836.4512

Refill NR 1 2 3 4 5
☐ MAY SUBSTITUTE
☐ MAY NOT SUBSTITUTE

(Signature)

2GOB0060355

EX 13

WOJCIK,CEZARY
MRN: 5368264
DOB: 1/12/1962, Sex: M
Acct #: 53682642013
Enc. Date:07/11/13

Patient presents with
- Abnormal Movement

HISTORY OF PRESENT ILLNESS:
The patient is a 51 year old right handed white non-Hispanic male who presents with abnormal movements. Since the last visit with me one year ago, he was seen in the ED a couple of times. He was out of medication and did not have medical coverage. He tried to get a medication refill and hadn't been seen so it was refused. He had chest pain, shortness of breath, and anxiety. He was in jail as he was stopped by the cops and they arrested him. He was in jail for a couple of days. He is having some tremors on his meds. He is having some dizziness but he is used to it. What seems to be bothering him is his vision which is getting worse. He uses glasses for reading but does not use glasses for other things. His walking is OK. He is still having headaches and dizzy spells. He was restarted on his meds two weeks ago except for the prozac. He was only off his meds for a few days. The prozac was not restarted.

History Information:
Past Medical History: No new information
Past Surgical History: No new information
Family History: No new information
Social History: No new information
Allergy: No new information

CURRENT MEDICATIONS:
Current outpatient prescriptions

PAIN ASSESSMENT (Patient reports Pain): No

REVIEW OF SYSTEMS:
Constitutional: normal
Eyes: normal
Ears/Nose/Throat: normal
Respiratory: normal
Cardiac/Vascular: normal
GI: normal
GU: normal
Musculoskeletal: normal
Skin: normal
Neurologic: normal
Psychiatric: normal
Endocrine: normal
Hematology/Lymphatics: normal
Allergy/Immunology: normal

PHYSICAL EXAM:
Vitals: BP 130/85 | Pulse 63 | Ht 182.9 cm (6') | Wt 90.719 kg (200 lb) | BMI 27.12 kg/m2 Body mass index is 27.12 kg/(m^2).

NEUROLOGIC:

General Appearance: Well nourished, well developed, no apparent distress.

WOJCIK 5368264
Device: REVEAL LINQ LNQ11
Serial Number: RLA610985S

Date of Visit: 19-May-2014 10:06:26
FullView SW026 Software Version 8.0

Session Summary

Device Information

Device				
Device	Medtronic	REVEAL LINQ LNQ11	RLA610985S	Implanted: 07-May-2014

Device Status (Implanted: 07-May-2014)

Battery Status: Good

Changes This Session	Session Start	Current Value
No parameters have been changed during the current session.		

EX #14

RUSH
Section of Cardiology
Professional Building
1725 W. Harrison St.
Suite 1159
Chicago, IL 60612
Tel: 312.942.5020
Fax: 312.942.4039
www.rush.edu

Kousik Krishnan, MD, FHRS, FACC
Rush University Medical Center
Associate Professor of Medicine & Pediatrics
Director, Cardiac Electrophysiology Fellowship
Associate Director, Electrophysiology Laboratory

(312) 942-6858 ELAINE

DEBORAH A. HALL, M.D.
RUSH UNIVERSITY NEUROLOGISTS

312.563.2030 APPT.
312.563.2024 FAX
DEA #
1725 W. Harrison Street
Suite 755
Chicago, Illinois 60612

NAME Cezary Wojcik DOB
ADDRESS DATE 7/11/13

☐ ENTER ☐ DO NOT ENTER . . NAME AFTER Rx ON	MG/CC	QUAN.	TIMES REFILL
Rx Pt has cerebellar gait ataxia			0 1 2 3 4 5
SIG. secondary to head injury.			
Rx He is unable to walk			0 1 2 3 4 5
SIG. tandem at baseline.			
Rx please call if questions.			0 1 2 3 4 5
SIG.			

Deborah Hall

MAY SUBSTITUTE ☐ MAY NOT SUBSTITUTE ☐

RE: Wojcik, Cezary
DOB: 1/12/1962

Ex 15

DOS: 7/26/2013 MOR Oak Park Clinic Note (JAB/vij):

HISTORY: Cezary presents today for followup evaluation of his bilateral knees. The patient was last seen on 09/07/2012 and completed a course of Orthovisc. The patient notes that this helped for a few months and returns today for followup evaluation. He states that he would have returned sooner, but there was change in his insurance. The patient notes continued pain in the knee that is worse with activities and walking. The patient notes associated swelling as well as daily episodes of giving way. The patient has had attended physical therapy in the past and received both steroid and viscosupplement injections previously. The patient again recounts a history of multiple arthroscopic surgeries in the bilateral knees to address the meniscus.

PAST MEDICAL HISTORY: Positive for traumatic brain injury, hearing loss, Parkinson disease, and anxiety.

PAST SURGICAL HISTORY: Spinal fusion and multiple arthroscopic surgeries to the bilateral knees.

CURRENT MEDICATIONS: Ibuprofen on occasion as well as clonazepam, fluoxetine, primidone, Depakote ER, alprazolam, and propranolol.

ALLERGIES: No known drug allergies.

FAMILY HISTORY: Positive for diabetes, arthritis, and cancer.

SOCIAL HISTORY: Patient is right-hand dominant. He denies tobacco, alcohol, or drug use.

REVIEW OF SYSTEMS: Twelve-point review of systems is reviewed and is negative except for information contained in the history.

PHYSICAL EXAMINATION: Vital Signs: Blood pressure 119/82, pulse 80, height 72 inches, and weight 223 pounds.

General: The patient is alert, oriented, in no acute distress with no flattening of affect. Skin shows no erythema, edema, ecchymosis, or rash.

Right knee: Reveals well-healed scars from the previous arthroscopic surgeries. There is no effusion. There is range of motion from 0-130 degrees with pain at terminal flexion. There is tenderness to palpation of the medial joint line. Valgus and varus stress testing, Lachman testing, and posterior drawer testing is normal. Rotational testing is negative.

Left knee reveals a trace effusion. There are multiple scars including a large anteromedial scar from the patient's previous surgeries. Range of motion is 0-130 degrees with pain at terminal flexion. There is tenderness to palpation of the medial and lateral joint line. Valgus and varus stress testing, Lachman testing, and posterior drawer testing is normal. Rotational testing is negative.

RADIOGRAPHS: Four-view examination of the bilateral knees is performed and reviewed at today's visit. There is narrowing of the medial compartment joint space bilaterally, left greater than right. There is some early bony spurring noted here. There is accentuation of narrowing to a slight degree on bent knee view. There is lateral tilt of the patella bilaterally. There is no evidence of acute fracture bony avulsion or intra-articular loose body.

IMPRESSION: A 51-year-old male with osteoarthritis of the bilateral knees.

PLAN: I have discussed my physical exam findings as well as the diagnosis with the patient. I have recommended that the patient proceed with a steroid injection as well as viscosupplement. The patient has received these and responded positively to these in the past. I would recommend performing a steroid

injection as well as performing the first viscosupplement injections. The patient only received 2-3 months of relief from the previous injection. I would recommend trialing a series of Supartz injections. The patient seems agreeable to this. I have discussed the risks, benefits, and complications including, but not limited to bleeding, infection, incomplete relief of pain and reactive synovitis. The patient voiced understanding and provided verbal consent. The patient's bilateral knees are prepared in usual sterile fashion. The knees are injected through the anterolateral portal first with a combination of 2 cc of 1% lidocaine, 2 cc of 0.5% Marcaine, and 40 mg of methylprednisolone and then this is followed through the same needle by 25 mg of Supartz, lot number 2Y632N. The patient tolerated the procedure well to both knees and there were no complications. The patient will follow up at one-week intervals to complete a 3 injection series. I have also given the patient a prescription for tramadol 50 mg 1-2 tablets every 8 hours as needed for pain. The patient voiced understanding and all questions were answered to his satisfaction.

Joshua A. Blomgren, DO
Adult and Pediatric Sports Medicine

This document was digitally reviewed and approved by: Joshua A Blomgren, DO

A: 7/29/2013 7:35:46 AM

EX 16

RUSH

Office Visit Summary

Cezary Wojcik
9/18/2013 11:30 AM Office Visit
MRN: 5368264

Description: **51 year old male**
Provider: **Daniel J Deziel, MD**
Department: **Rush University Surgeons**

Department

Name	Address	Phone	Fax
Rush University Surgeons	1725 W HARRISON ST SUITE 810/818 Chicago IL 60612	312-942-6500	312-563-2080

Instructions

None

Appointment Reminder

If you are unable to keep your appointment, please notify your physician office at least 1 business day in advance.
Thank you.

Your Vitals were - Last Recorded

BP	Pulse	Temp	Height	Weight	BMI
129/80	68	97 °F (36.1 °C)	182.9 cm (6')	99.791 kg (220 lb)	29.84 kg/m2

SpO2	Smoking Status
97%	Never Smoker

Allergies as of 9/18/2013

Reviewed on: **9/18/2013**

No Known Allergies

Medications and Orders

Your Current Medications Are

primidone (MYSOLINE) 50 mg PO tablet	take 1 Tablet by mouth nightly.
clonAZEPAM (KLONOPIN) 1 mg PO tablet	take 1 mg by mouth nightly as needed. One in the morning and one at night, and prn at night
FLUoxetine (PROZAC) 40 mg PO capsule	take 1 Capsule by mouth daily.
divalproex ER (DEPAKOTE ER) 250 mg PO extended release tablet	take 1 Tablet by mouth daily. Swallow whole.
ALPRAZolam (XANAX) 1 mg PO tablet	take 1 Tablet by mouth nightly as needed for Anxiety or Insomnia.
propRANOLOL (INDERAL) 20 mg PO tablet	take 0.5 Tablets by mouth two times daily. Best if taken on an empty stomach.

Immunizations administered on date of encounter - 9/18/2013

Never Reviewed

No immunizations reported for this encounter

Pharmacy

OSCO DRUG #3477
4734 North Cumberland Chicago IL 60656
Phone: 773-625-7569 Fax: 773-625-4502

All Medical Problems

Headache

Essential and other specified forms of tremor

MyChart Activation Instructions

MyChart is an online tool allows you to connect with your care team and review your health record whenever and wherever it fits into your schedule.

To begin using MyChart, please complete the following steps:

1. In your Internet browser, type the following URL: **mychart.rush.edu**.
2. Click the green **Sign Up** button in the center to go to the next screen.
3. Enter the MyChart activation code below. (If you do not sign up within 60 days of receiving this code, you must obtain a new code.)

3CU38-K9QC7-F2AHB
Expires: 11/17/2013 12:10 PM

4. Enter your date of birth.
5. Enter your ZIP code.
6. Click the green **Next** button at the bottom to go to the next screen.
7. Enter the MyChart username you would like. (This will be your permanent MyChart username so please make a note of what it is.)
8. Enter the MyChart password you would like. (You can change your password in MyChart at any time.)
9. Choose a security question from the dropdown box.
10. Enter the answer to your security question.
11. Click the green **Next** button at the bottom to go to the next screen.
12. Enter the email address you would like to receive notifications when new information is available in MyChart.
13. Click the green **Log In** button at the bottom to begin using MyChart.

MyChart Tips

- Keep your MyChart login information secure and lock any devices that you use to access MyChart. Your MyChart username and password will give anyone access to your personal health information.
- Do not use MyChart to send messages requiring immediate attention. Call 911 or go to the nearest emergency room in the event of an emergency. For urgent medical matters, contact your care team by phone.
- You may see test results in MyChart before your care team has had a chance to review them or to contact you. If you have any questions or concerns about your results, please contact your care team.
- Your use of MyChart is monitored. If you use MyChart inappropriately, your access may be revoked.
- You can give another adult access to your entire MyChart record by designating that person as your proxy (download the proxy request form at mychart.rush.edu/resources). You can revoke this access within MyChart at any time.

If you have any trouble signing in, please call the MyChart Helpline at: (312) 563-6600.

RE: Wojcik, Cezary
DOB: 1/12/1962

EX 17

DOS: 10/14/2013 MOR Winfield Clinic Note (DC/HNN):

HISTORY OF PRESENT CONDITION: Mr. Wojcik is a 51-year-old gentleman who returns today for followup. He was last seen on September 18, 2013. He has a history of L4-L5 discectomy followed by an instrumented fusion. He subsequently underwent removal of hardware. The patient states that he was doing well from the above surgery until June 26, 2013. He was passenger in a bus with the bus suddenly came to. He was leaning forward at that time and slid backwards onto the floor. The patient landed on his back and has been having constant low back pain since then. Of note, the patient has been on disability since 1995 due to shoulder, knee, and his back issues. He states that this back problem today is different. The pain is rated as severe. He has pain essentially in every position. The patient has undergone several rounds of physical therapy in the past and has been doing these exercises on his own since this incident. He is using Advil as needed for pain. He describes radiation of pain in the posterior thigh bilaterally. There is no pain distal to the knee. He also has tingling sensations in the same distribution. He has no bowel or bladder dysfunction. He is not working.

PHYSICAL EXAMINATION: The patient is well appearing, in no acute distress. He has significant kinesiophobia. There is a loss of lumbar lordosis on inspection. On lumbar flexion, he is able to reach his knees only. Extension is limited to about 5 degrees. There is tactile allodynia in the thoracolumbar spine in the midline. There are no trigger points palpated. Neurologically, he demonstrates no focal motor deficits. Sensation is intact. He has no changes in his symptoms with lumbar flexion, extension, rotation or lateral bending.

IMPRESSION:

1. History of L4-L5 discectomy, fusion and removal hardware.
2. Persistent spondylolisthesis.
3. Acute-on-chronic low back pain.

PLAN: Although the patient is reporting high levels of pain intensity and disability, he exhibits mild pain behaviors in the office. I would like to treat his condition conservatively. He is ordered for an topical capsaicin and gabapentin at 600 mg q.h.s. He will up titrate this to b.i.d. as tolerated. The patient inquired about spinal injections today. However, at the current time, based on his history and exam, it is difficult to localize the pathologic lesion to begin directed therapy. He will fax over his previous spine injections, which apparently worked well. I would like to see him back in the office in approximately 4 weeks. At that time, if his condition is not improved, then we can discuss more additional diagnostic test as appropriate. All of his questions and concerns are solicited and satisfactorily addressed.

David Cheng, MD

This document was digitally reviewed and approved by: David Cheng, MD

A: 10/22/2013 9:18:45 AM

Ex 18

RUSH AMB LMR Report

WOJCIK,CEZARY
MRN: 5368264
DOB: 1/12/1962, Sex: M
Acct #: 53682642019
Enc. Date:02/25/14

Patient Status (continued)

(785.1) Palpitations (primary encounter diagnosis)
Comment: Patient with previous cardiac evaluation without revealing an arrhythmia. Significant symptom burden suggests that patient likley has a cardiac arrhythmia, though anxiety attack remains lower on the differential.
Plan:
- 30 Day Transtelephonic Monitor
- We will start BB if continues to have symptoms, after reviewing monitor.

(786.50) Chest pain
Comment: Related to episodes, and indicative of possible SVT.
Plan:
- As above.
- Previous stress test was negative and makes CAD low probability.

RTC: 6 weeks.

Junaid Bhutto, MD
Cardiology (EP) Fellow
Rush University Medical Center

Procedure Notes

Author	Status	Last Editor	Updated	Created
Krishnan, Kousik, MD	Signed	Krishnan, Kousik, MD	2/25/2014 12:09 PM	2/25/2014 12:09 PM

Assoc. Orders	Procedures
ELECTROCARDIOGRAM, ROUTINE W/AT LEAST 12 LEADS	ELECTROCARDIOGRAM, ROUTINE W/AT LEAST 12 LEADS

Pre-Op Dx	Post-Op Dx
Palpitations	None

Sr, no pre-excitation

Addendum Notifications

No notes of this type exist for this encounter.

Letters

Letter on: 2/25/2014 by: KRISHNAN MD, KOUSIK [32613] Status: Sent

Ex 19

Medications and Orders (continued)

Your Current Medications Are (continued)

Medication	
(Taking)	at night, and prn at night
divalproex ER (DEPAKOTE ER) 250 mg PO extended release tablet (Taking)	take 1 Tablet by mouth daily. Swallow whole.
ALPRAZolam (XANAX) 1 mg PO tablet (Taking)	take 1 Tablet by mouth nightly as needed for Anxiety or Insomnia.

Immunizations Administered on Date of Encounter - 4/15/2014

Never Reviewed

No immunizations reported for this encounter

Result Summary for ELECTROCARDIOGRAM, ROUTINE W/AT LEAST 12 LEADS

Entry Date

4/15/2014

Result Narrative

Krishnan, Kousik, MD 4/15/2014 3:17 PM
See Scanned ECG

All Medical Problems

Atrial flutter
Palpitations
Recurrent inguinal hernia
Headache
Essential and other specified forms of tremor

MyChart Activation Instructions

MyChart is an online tool allows you to connect with your care team and review your health record whenever and wherever it fits into your schedule.

To begin using MyChart, please complete the following steps:

1. In your Internet browser, type the following URL: **mychart.rush.edu**.
2. Click the green **Sign Up** button in the center to go to the next screen.
3. Enter the MyChart activation code below. (If you do not sign up within 150 days of receiving this code, you must obtain a new code.)

Z6S8E-GB7AG-PQNK7
Expires: 7/25/2014 1:13 PM

4. Enter your date of birth.
5. Enter your ZIP code.
6. Click the green **Next** button at the bottom to go to the next screen.
7. Enter the MyChart username you would like. (This will be your permanent MyChart username so please make a note of what it is.)
8. Enter the MyChart password you would like. (You can change your password in MyChart at any time.)
9. Choose a security question from the dropdown box.
10. Enter the answer to your security question.
11. Click the green **Next** button at the bottom to go to the next screen.
12. Enter the email address you would like to receive notifications when new information is available in MyChart.
13. Click the green **Log In** button at the bottom to begin using MyChart.

MyChart Tips

- Keep your MyChart login information secure and lock any devices that you use to access MyChart. Your MyChart username and password will give anyone access to your personal health information.
- Do not use MyChart to send messages requiring immediate attention. Call 911 or go to the nearest emergency room in the event of an emergency. For urgent medical matters, contact your care team by phone.
- You may see test results in MyChart before your care team has had a chance to review them or to contact you. If

EX 20

Cosmopolitan Medical Center

Jerry A. Jakimiec M.D.
Physician & Surgeon
3328 N. Harlem Ave., Chicago, IL 60634 Tel: (773) 836-4520/4515 Fax: 4512

TO WHOM IT MAY CONCERN. 6.11.2013

Please be informed that our PATIENT, CEZARY WOJCIK, DOB: 1.12.1962, UNDER MY CARE, TAKES FOLLOWING MEDICATIONS:

ALPRAZOLAM (XANAX), 1 mg NIGHTLY
CLONAZEPAM 2 mg, 1½ tab BID q day
DEPAKOTE ER 250 mg, 4 q day
PROZAC 20 mg, 2 tab q day
MYSOLINE 50 mg, 3 tab q day - NIGHTLY
NORVASC 10 mg, 1 tab. q day.

SINCERELY -

ENTERED
JUN 27 2013
DOROTHY BROWN
CLERK OF THE CIRCUIT COURT OF COOK COUNTY
DEPUTY CLERK

Cosmopolitan Health Care Center
JERRY A. JAKIMIEC, M.D.
PHYSICIAN AND SURGEON
3328 N. Harlem Ave., Chicago, Illinois 60634
TEL.: 773.836.4520
FAX: 773.836.4512

Order (Rev. 9/13/04) CCG 0002

EX 21

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS

v.

ANTHONY AVADO A/K/A CEZARY WOJCIK

No. 11 CR 15230

ORDER

TO: SHERIFF OF COOK COUNTY
COOK COUNTY DEPARTMENT OF CORRECTIONS

IT IS HEREBY ORDERED:

1. THAT ANTHONY AVADO A/K/A CEZARY WOJCIK IS TO BE ASSIGNED TO THE CERMAK MEMORIAL HOSPITAL FOR HIS PERIOD OF INCARCERATION IN CONNECTION WITH THE ABOVE-CAPTIONED CASE.

2. THAT DURING HIS INCARCERATION, ANTHONY AVADO A/K/A CEZARY WOJCIK IS TO BE ADMINISTERED THE MEDICATIONS LISTED ON THE ATTACHED LETTER AS PER THE ORDERS OF JERRY A. JAKIMIEC, M.D.

3. THAT UPON HIS RELEASE FROM THE COOK COUNTY DEPARTMENT OF CORRECTIONS, HE IS TO BE GIVEN THE OPPORTUNITY TO MAKE A TELEPHONE CALL SO THAT HE CAN BE PICKED UP FROM THE JAIL FACILITIY IN A TIMELY FASHION IN ORDER TO CONTINUE HIS MEDICATIONS.

ENTERED
JUN 27 2013
DOROTHY BROWN
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, IL
DEPUTY CLERK

Atty. No.: 41531
Name: KENT R. BRODY
Atty. for: DEFENDANT
Address: 29 S. LASALLE, SUITE 328
City/State/Zip: CHICAGO, IL 60603
Telephone: CELL 708.744.1301

ENTERED: 6/27, 2013

Judge S. SULLIVAN Judge's No. 1614

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

EX A

COOK COUNTY SHERIFF'S OFFICE
Received Clothing Receipt

Date: 6/30/2016
Time: 3:52 PM
Page: 2 of 2

Name: Wojcik, Cezar
Assigned Cell:

Inmate #: 674735
~~Receipt Number:~~ 090916

Booking #: 20160630195

Quantity:	Description:	Color:	Property Bag Token:
	JEANS	Blue	
Notes			
	SHIRT	Gray	
Notes			
	TEE SHIRT	Brown	
Notes			
	SHOES	Multi	
Notes	blue white		

Clothing Received Date: 6/30/2016
Clothing Received Time: 3:49 PM
Clothing Officer: A GONZALEZ

Officer: ..... Officer: .....

Inmate (Booking): ..... Date: .....

Clothing left at the Cook County Jail for longer than 30 days after your release/transfer will be destroyed.

Inmate (Discharge): ..... Date: .....

I have received my clothing items upon discharge from the Cook County Department of Corrections.

Clothing Designee: ..... Date: .....

I have received the above named Inmate clothing from the Cook County Department of Corrections.

EX. B

Resident Funds Inquiry

Print Page Content
Reset Password
Logout

Resident ID: 20160630195 Submit

Resident ID: **20160630195**
Resident Name: **WOJCIK , CEZAR**
Date of Birth: **1962-01-13**
Location: **- 8 3W - 3205- - .**

CERMAK MEMORIAL HOSPITAL

Account Activity: Prior History

Date	Transaction	Type	Description	Amount	Balance	Due	Held	Encumbered	Total
9/13/2016	120593748	EPR	OID:102363415-ComisaryPurch-Reg	-69.34	45.36	0.00	0.00	0.00	45.36
8/02/2016	120443332	EPR	OID:102333160-ComisaryPurch-Reg	-31.27	114.70	0.00	0.00	0.00	114.70
7/26/2016	120417092	EPR	OID:102328001-ComisaryPurch-Reg	-7.22	145.97	0.00	0.00	0.00	145.97
7/12/2016	120367224	EPR	OID:102317423-ComisaryPurch-Reg	-59.81	153.19	0.00	0.00	0.00	153.19
6/30/2016	120327950	KIOSK CASH	BOOKING KIOSK CASH DEPOSIT	213.00	213.00	0.00	0.00	0.00	213.00

EX. C

Orders

Patient : WOJCIK, CEZAR	Med Rec # : 00674735z
Address : 2800 S CALIFORNIA	DOB : 01/13/62
CHICAGO, IL 60608	Sex : Male
Phone :	Physician :

All Orders (All Statuses)

Condition

Mental Health Classification
P3 - Intermediate Mental Health, 06/30/16 17:38:00

Medical Classification
M4 - Infirmary Medical, 06/30/16 18:15:00

Level of Care
07/11/16 14:35:00, Low, 07/11/16 14:35:00

Level of Care
07/01/16 10:10:00, Medium, 07/01/16 10:10:00

Level of Care
06/30/16 18:29:00, High, 06/30/16 18:29:00

Chronic Disease Alert
06/30/16 18:26:00, Seizure Disorder

Chronic Disease Alert
06/30/16 18:26:00, Hypertension

Alert CCDOC
09/27/16 12:30:00, Walker, Routine

Alert CCDOC
08/05/16 13:27:00, Lower Bunk, Routine

Alert CCDOC
06/30/16 18:32:00, Wheelchair Long Distance Only, Routine

Alert CCDOC
06/30/16 18:27:00, Cane, Routine

Alert CCDOC
06/30/16 18:16:00, Accommodation Plan - Medical Equipment, Routine, allow event monitor detector

Admit/Discharge

Document Problems
06/30/16 18:29:00, Routine

Document Allergies
06/30/16 18:29:00, Routine

Nursing Orders

Weigh Patient
06/30/16 18:29:00, Routine, Once, Stop Date/Time: 06/30/16 18:29:00

Transfer to (CHS)
06/30/16 17:38:00, Mental Health Intermediate Care, Other, Routine, 06/30/16 17:38:00

Precautions, Patient
06/30/16 18:29:00, Routine, Fall Prevention, Stop Date/Time: 06/30/16 18:29:00

Nursing Orderable (generic) (PLEASE SEND PATIENT TO LAB)
07/01/16 9:00:00, Routine, PLEASE SEND PATIENT TO LAB, Stop Date/Time: 07/01/16 9:00:00

Nursing Orderable (generic) (PLEASE ORDER WALKER FOR PATIENT)
09/27/16 12:30:00, Routine, PLEASE ORDER WALKER FOR PATIENT, Stop Date/Time: 09/27/16 12:30:00

Nursing Orderable (generic) (please give pt an extra blanket or pillow to place between knees for support at night)
07/08/16 11:46:00, Routine, please give pt an extra blanket or pillow to place between knees for support at night, Stop Date/Time: 07/08/16 11:46:00

Nursing Orderable (generic) (PLEASE CALL LAB TO COME DRAW LABS ON PATIENT)
09/07/16 10:31:00, Routine, PLEASE CALL LAB TO COME DRAW LABS ON PATIENT, Stop Date/Time: 09/07/16 10:31:00

EX. 9

PROSBA O WYDANIE KOPII HISTORII CHOROBY

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

Prośba o wydanie kopii historii choroby. Prosimy o dokładne wypełnienie formularza, żebyśmy mogli niezwłocznie spełnić Państwa oczekiwania.

Nazwisko	Imię	Drugie imię
WOJCIK	CEZARY	

Data urodze	Dzień	Rok	Dzisiejsza data	Miesiąc	Dzień	Rok
01	12-13	62-		11	16	2016

Adres	Miasto	Stan	Kod pocztowy	Telefon
1634 N. MILWAUKEE	CHGO	IL.	60647	773 414 04 71

WYMAGANE INFORMACJE *Upoważniam System Opieki Zdrowotnej i Szpitali Powiatu Cook do użycia lub ujawnienia wymienionych poniżej danych w okresie ważności danego upoważnienia.* **Proszę zaznaczyć wszystkie punkty mające zastosowanie.**

- ☒ Wizyty w poradniach (nazwa poradni) CERMAK, STROGER
- ☐ Karta leczenia dentystycznego
- ☒ Raport z pogotowia
- ☒ Chirurgia (raport z operacji, wyniki badań histopatologicznych)
- ☒ Streszczenie, włączając hospitalizację (przebieg choroby i badania, konsultacje, leczenie chirurgiczne, wypis)
- ☒ Kompletna historia choroby
- ☐ Rachunki
- ☒ Wyniki badań radiologicznych
- ☒ Wyniki badań laboratoryjnych
- ☒ Przebieg terapii (proszę wyszczególnić) BROKEN RIBS, KNEE
- ☒ Inne (proszę wyszczególnić) PSYCHIATRY

Diagnostyka obrazowa
- ☒ Ogólna
- ☒ Tomografia komputerowa
- ☐ Rezonans magnetyczny
- ☒ USG
- ☐ Angiogram
- ☐ Medycyna nuklearna
- ☒ Scyntygrafia kości

☒ Zapis w aktach apteki

Dotyczace następujących dni leczenia: ☒ Konkretna data: 6-30-16 / 10-25-16 ☐ Wszystkie dni

Z następujących miejsc: (Proszę zaznaczyć wszystkie punkty mające zastosowanie)

- ☒ Szpital Powiatu Cook im. John'a H. Stroger'a, Jr'a
- ☐ Szpital Oak Forest
- ☐ Szpital Provident
- ☐ Ośrodek CORE im. Ruth M. Rothstein
- ☐ Wydział zdrowia Publicznego Powiatu Cook
- ☐ Przychodnie ambulatoryjne Publicznego Sytemu Opieki Zdrowotnej
- ☐ Przychodnia Fantus
- ☐ Przychodnia Sengstacke
- ☐ Inne: _____

Przychodnia Cermak powiatu Cook
- ☒ Więzienie powiatu Cook
- ☐ Tymczasowy areszt dla nieletnich

ODBIORCA. *Szczegóły odbioru – do rąk pacjenta/innym osobom, instytucjom (np. firmie ubezpieczeniowej, szkole, lekarzowi)*

Sposób dostarczenia
- ☐ Odbiór osobisty
- ☒ Pocztą
- ☐ Inne (proszę wyszczególnić)

Wysłać do – Imię i nazwisko CEZARY WOJCIK

Adres	Miasto	Stan	Kod pocztowy	Telefon
1634 N. MILWAUKEE	CHGO	IL.	60647	773 414 0471

Kopia dokumentów na użytek:
- ☒ Osobisty
- ☒ Udostępnienia personelowi medycznemu
- ☐ Inne (proszę wyszczególnić)

OKRES WAŻNOŚCI. Jeżeli nie zostanie zaznaczona żadna z poniższych opcji, upoważnienie posiada ważność do chwili osiągnięcia określonego celu.
- ☐ Od daty podpisu do: _____
- ☐ Do wystąpienia następującego zdarzenia: _____
- ☐ Inne (proszę wyszczególnić): _____

UWAGA: W przypadku historii choroby psychicznej musi zostać wyznaczona data wygaśnięcia upoważnienia – opcja „na czas nieograniczony" nie może być zastosowana. TO 12-30-16

* 2 8 5 0 0 0 0 1 8 2 *

PATIENT LABEL

Form # 0182
Item # 28-5000-0182 Rev: May 6, 2011

EXT

PROSBA O WYDANIE KOPII HISTORII CHOROBY

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

Nazwisko	Imię	Drugie imię
WOJCIK	CEZARY	

WYSZCZEGÓLNIENIE. Informacje nie zostaną wydane, jeżeli poniższa część formularza nie zostanie wypełniona.

Prosimy o zaznaczenie jednej lub wszystkich opcji wymienionych poniżej, aby wyrazić swoją zgodę na na użycie lub ujawnienie informacji wyszczególnionych obok korespondujących kratek.

Informacje dotyczące:

- ☐ choroby psychicznej lub zaburzeń rozwojowych
- ☐ Informacje na temat testów na HIV/AIDS lub leczenia (włączając informację, że dany test został zlecony,wykonany czy zgłoszony, bez względu na to, czy wynik był dodatni czy ujemny)
- ☐ Informacje dotyczące chorób zakaźnych
- ☐ Informacje dotyczące chorób przenoszonych drogą płciową
- ☐ Informacje dotyczące uzależnień (np. alkoholizm, narkomania)
- ☐ Informacje dotyczące napaści na tle seksualnym
- ☐ Informacje dotyczące zaniedbań oraz psychicznego lub fizycznego znęcania się nad dzieckiem
- ☐ Informacje dotyczące testów genetycznych
- ☐ Informacje dotyczące sztucznego zapłodnienia
- ☐ przebiegu psychoterapii (nie będące częścią oficjalnej historii choroby)
- ☑ **Wszystkie z powyższych (zaznaczając tą kratkę, oświadczam, że zapoznałem się z powyższą listą i wyrażam swoją zgodę na użycie i ujawnienie moich poufnych danych medycznych w sposób określony przez tą deklarację)**

Rozumiem, że w każdej chwili, mam prawo do wycofania swego upoważnienia poprzez pisemne zawiadomienie CCHHS. Rozumiem też, że wycofanie upoważnienia nie wpłynie za żadne postępowanie podjęte prze CCHHS przed otrzymaniem odwołania.
Rozumiem, że mogę odmówić podpisania poniższego upoważnienia i że moja odmowa nie wpłynie na moje leczenie, płatności, starania o ubezpieczenie czy kwalifikacje wymagane do otrzymania świadczeń.
Rozumiem, że, mam prawo do do wglądu i kopii jakichkolwiek informacji użytych/ujawnionych na podstawie tego upoważnienia. Rozumiem, że w momenci, gdy moje poufne dane medyczne zostaną ujawnione upoważnionemu podmiotowi, CCHHS nie może gwarantować, że przekazane informacje nie zostaną ujawnione przez owe podmioty osobom trzecim lub w przypadku żądania na mocy prawa. Osoby trzecie mogą nie być związane warunkami niniejszego upoważnienia ani prawem ochrony danych osobowych.
Rozumiem, że CCHHS może wymagać podpisania upoważnienia przed podjęciem leczenia badącego częścia badań naukowych lub leczenia wyłącznie dla stworzenia danych medycznych na potrzeby stron trzecich i ze CCHHS nie zaoferuje leczenia badącego częścia badań naukowych jeżeli nie podpiszę tego upoważnienia.
Przeczytałem/am i rozumiem warunki tego upoważnienia, możliwość zadania pytań dotyczących użycia i ujawnienia informacji medycznych. Niniejszym upoważniam CCHHS (System Opieki Zdrowotnej i Szpitali Powiatu Cook) do użycia i ujawnienia moich poufnych danych medycznych w sposób określony przez tę deklarację.

WOJCIK **Podpis pacjenta**	11-16-16 **data**
Do użycia przez osoby reprezentujące pacjenta	
Imię i nazwisko przedstawiciela	**Stopień pokrewieństwa/relacji z pacjentem**
Niniejszym oświadczam, że posiadam prawo złożenia powyższego oświadczenia w imieniu osoby wymienionej powyżej	
Podpis osoby reprezentującej pacjenta	***Data***

28500001822

Form # 0182
Item # 28-5000-0182 Rev: May 6, 2011

PATIENT LABEL

SHERIFF OF COOK COUNTY
COMPLIANT ARRESTEE PROPERTY

DATE:

CB Number:

CR NUMBER:

ARRESTEE NAME:

OFFICER'S STAR No.:

ARRESTING OFFICER (PRINT):

COMPLIANT PERSONAL PROPERTY

- ☐ UNITED STATES CURRENCY AMOUNT $
- ☐ US GOVERNMENT ISSUED IDENTIFICATION
- ☐ PLAIN WEDDING BAND (NO ENGRAVING OR STONES)
- ☐ KEYS
- ☐ OUTER GARMENT (INVENTORIED UPON ARRIVAL AT D.O.C.)
- ☐ PRESCRIPTION MEDICATION
- ☐ PRESCRIPTION EYEGLASSES
- ☐ LEGAL DOCUMENTS (SOFT COVER ONLY)
- ☐ SHOELACES
- ☐ BIBLE or KORAN (SOFT COVER ONLY)

I verify that the property inventoried above is correct.
ARRESTEE SIGNATURE:

BOND REMOVAL

THE AMOUNT OF MONEY STATED BELOW HAS BEEN REMOVED AS REQUESTED BY AND IN THE PRESENCE OF THE PRISONER/ARRESTEE.

PRISONER/ARRESTEE SIGNATURE

AMOUNT REMOVED:

$

TURNED OVER TO THIRD PARTY

THE PROPERTY INDICATED ABOVE HAS BEEN TURNED OVER TO THE RECIPIENT BELOW AS REQUESTED BY THE PRISONER/ARRESTEE. PRINT

RECIPIENT'S NAME:

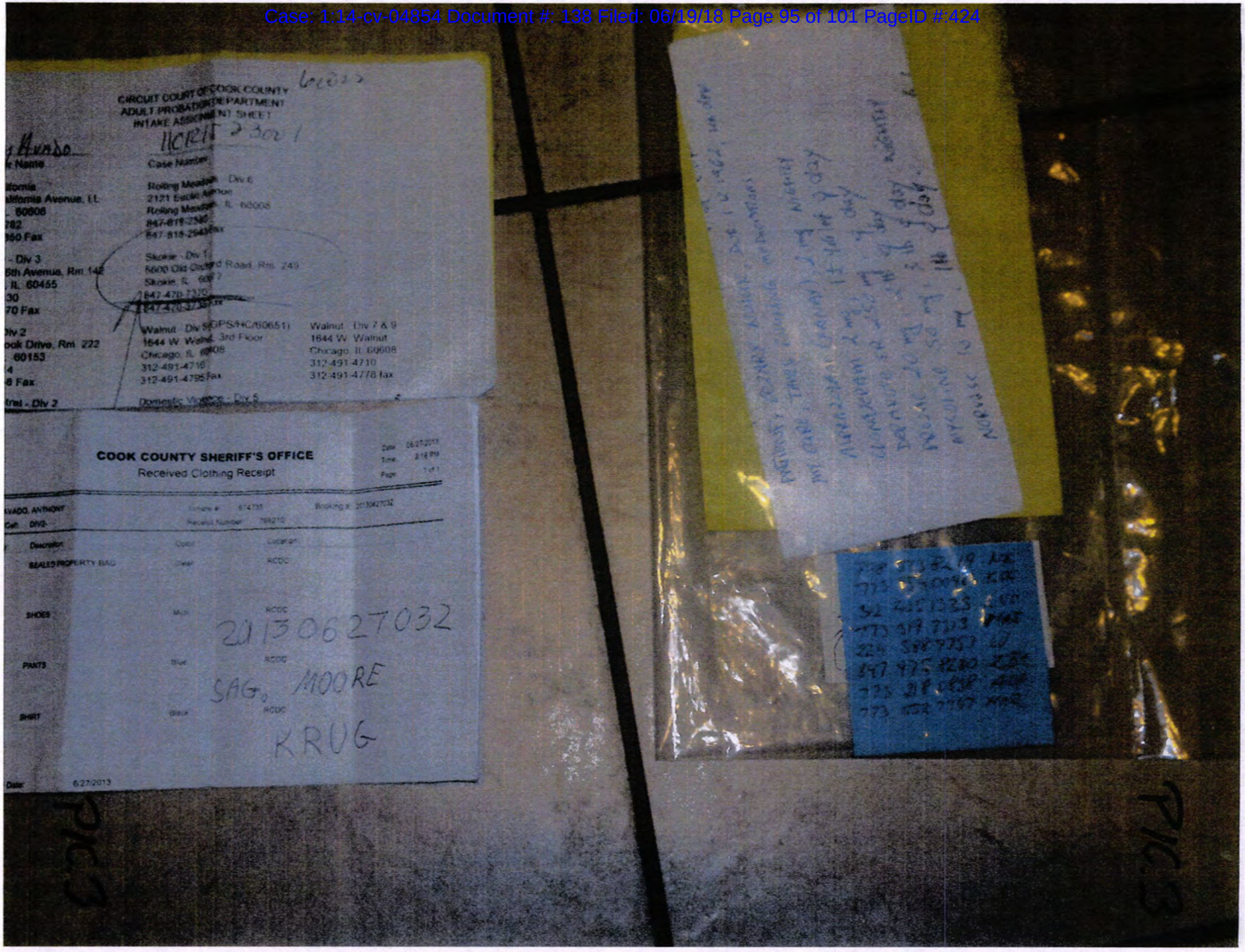
PRISONER/ARRESTEE SIGNATURE

RECIPIENT'S SIGNATURE

Plc. 7

Plc. 7


SHERIFF OF COOK COUNTY
COMPLIANT ARRESTEE PROPERTY
COMPLIANT PERSONAL PROPERTY
I verify that the property listed above is correct.
ARRESTEE SIGNATURE
BOND REMOVAL
THE AMOUNT OF MONEY STATED BELOW HAS BEEN REMOVED AS REQUESTED BY AND IN THE PRESENCE OF THE PRISONER/ARRESTEE
$
TURNED OVER TO THIRD PARTY
THE PROPERTY INDICATED ABOVE HAS BEEN TURNED OVER TO THE RECIPIENT BELOW AS REQUESTED BY THE PRISONER/ARRESTEE. PRINT
SUPERVISOR APPROVAL



CIRCUIT COURT OF COOK COUNTY
ADULT PROBATION DEPARTMENT
INTAKE ASSIGNMENT SHEET

Case Number

Rolling Meadows - Div 6
2121 Euclid Avenue
Rolling Meadows, IL 60008
847-818-2340
847-818-2943 Fax

Skokie - Div 1
5600 Old Orchard Road, Rm. 249
Skokie, IL 60077
847-470-7370
847-470-7371 Fax

Walnut - Div 5 (GPS/HC/60651)
1644 W. Walnut, 3rd Floor
Chicago, IL 60608
312-491-4710
312-491-4795 Fax

Walnut - Div 7 & 9
1644 W. Walnut
Chicago, IL 60608
312-491-4710
312-491-4778 fax

Domestic Violence - Div 5

COOK COUNTY SHERIFF'S OFFICE
Received Clothing Receipt

Date 06/27/2013
Time 3:18 PM
Page 1 of 1

Booking #: 2013062703

Description — Color — Location

SEALED PROPERTY BAG — Clear — RCDC

SHOES — Multi — RCDC

PANTS — Blue — RCDC

SHIRT — Black — RCDC

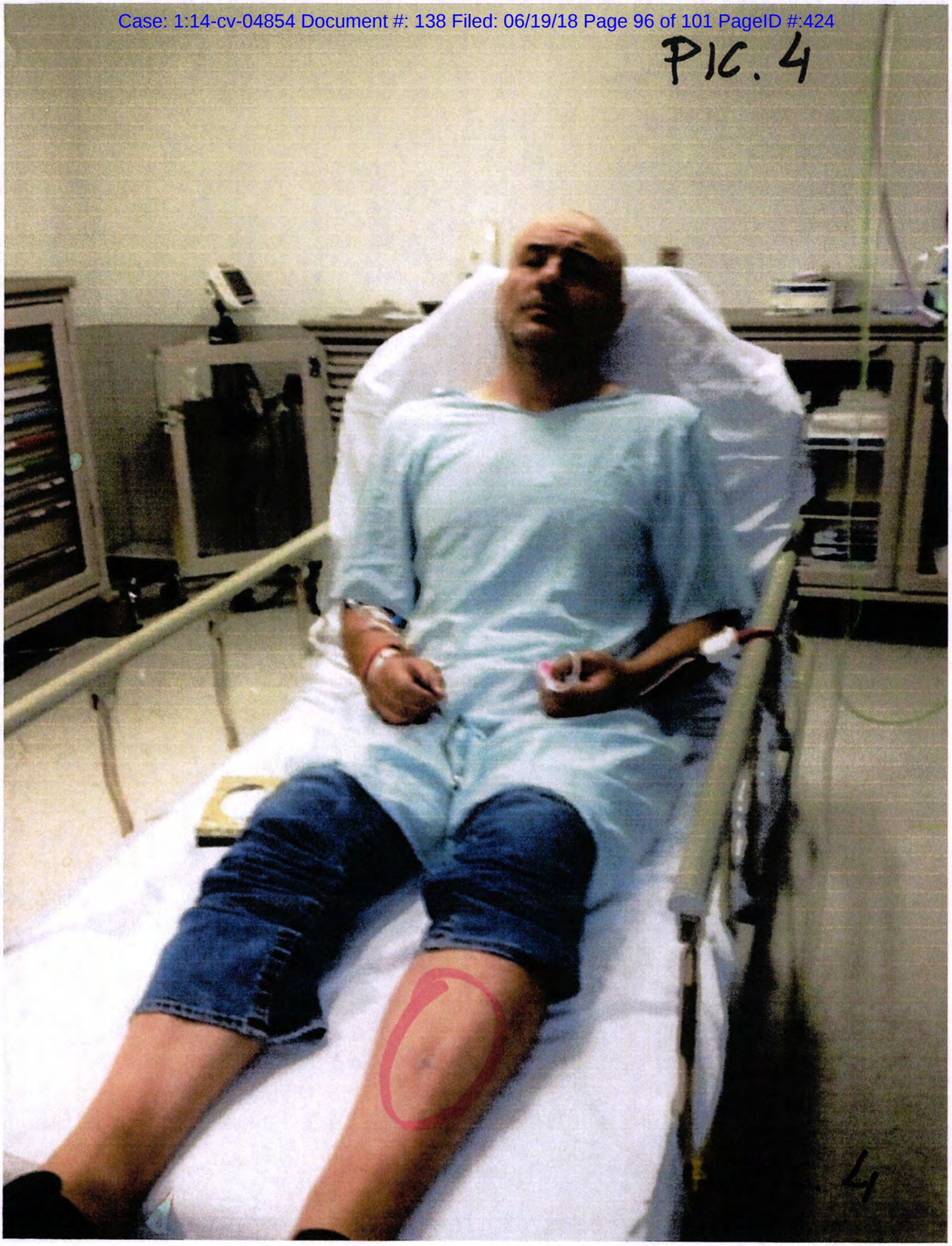
2013062703

SAG. MOORE

KRUG

Date: 6/27/2013

PIC. 4



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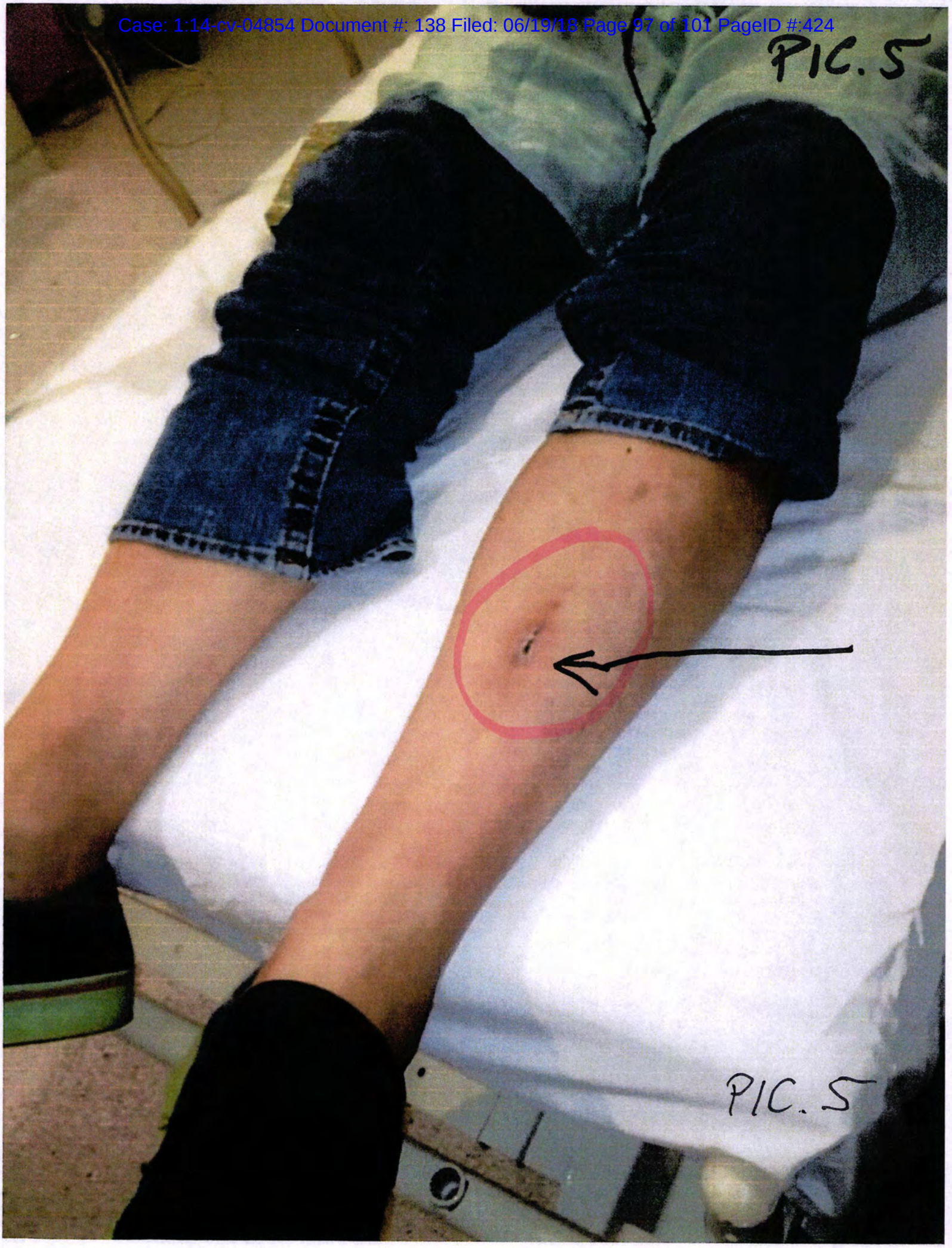
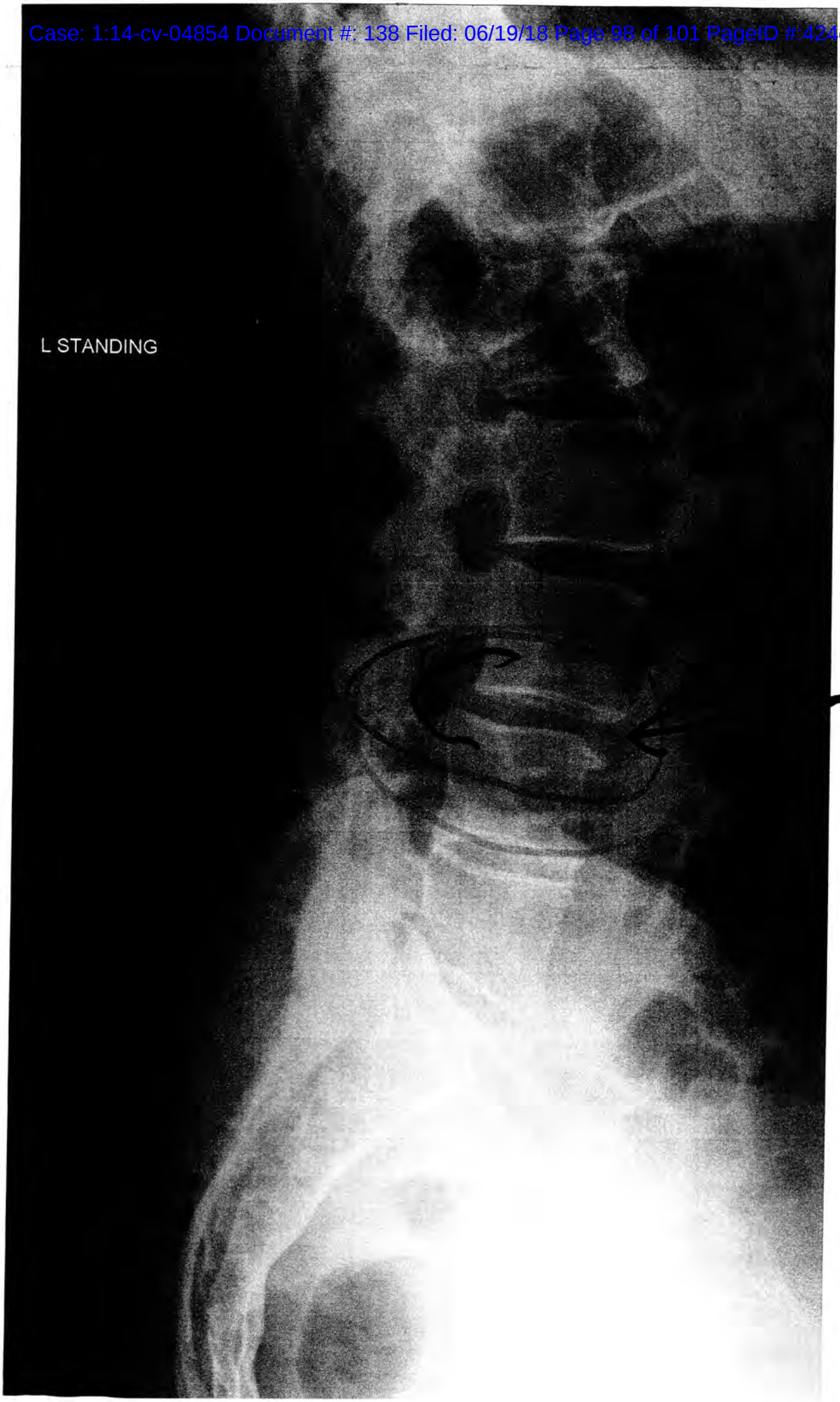
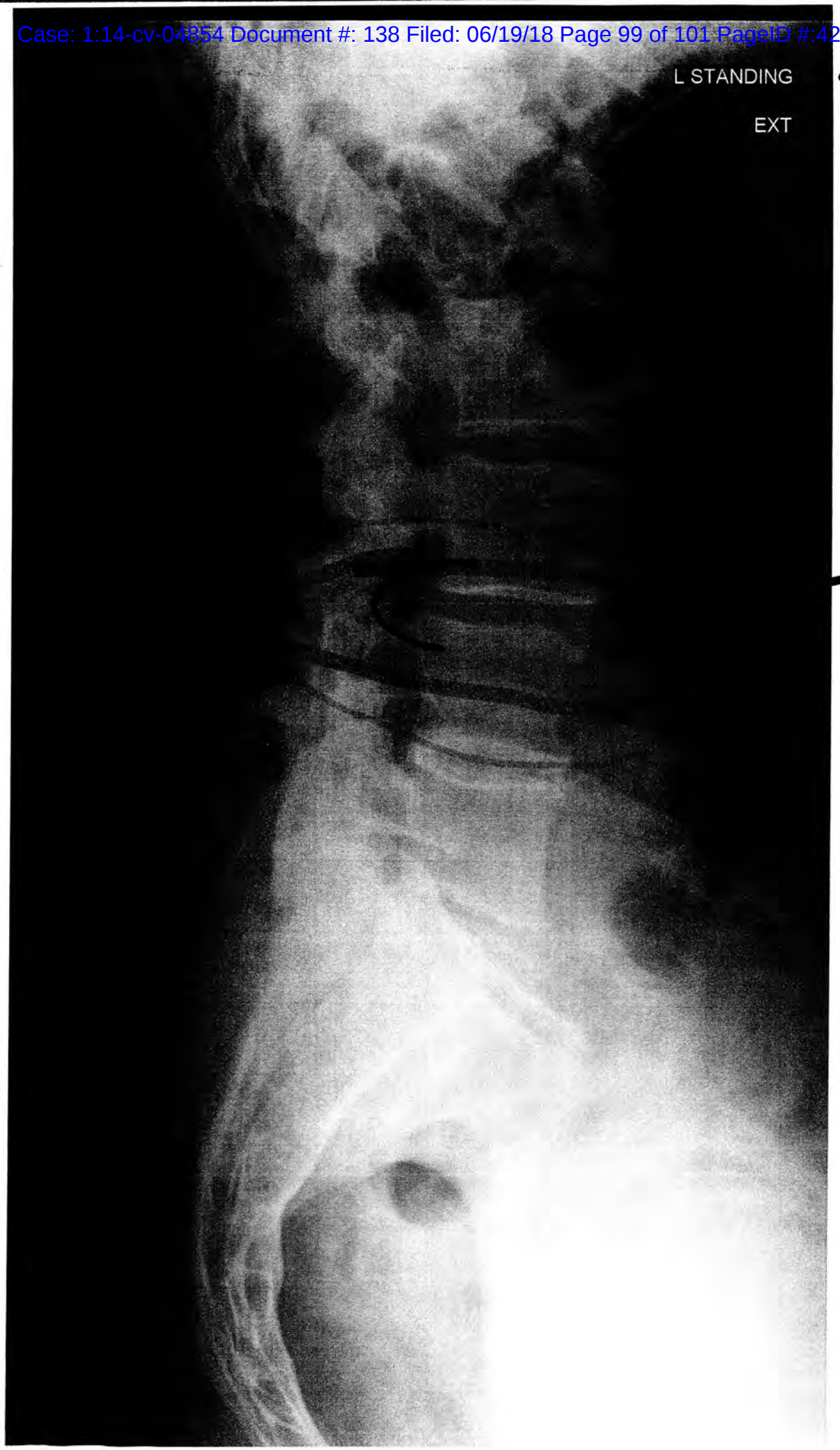
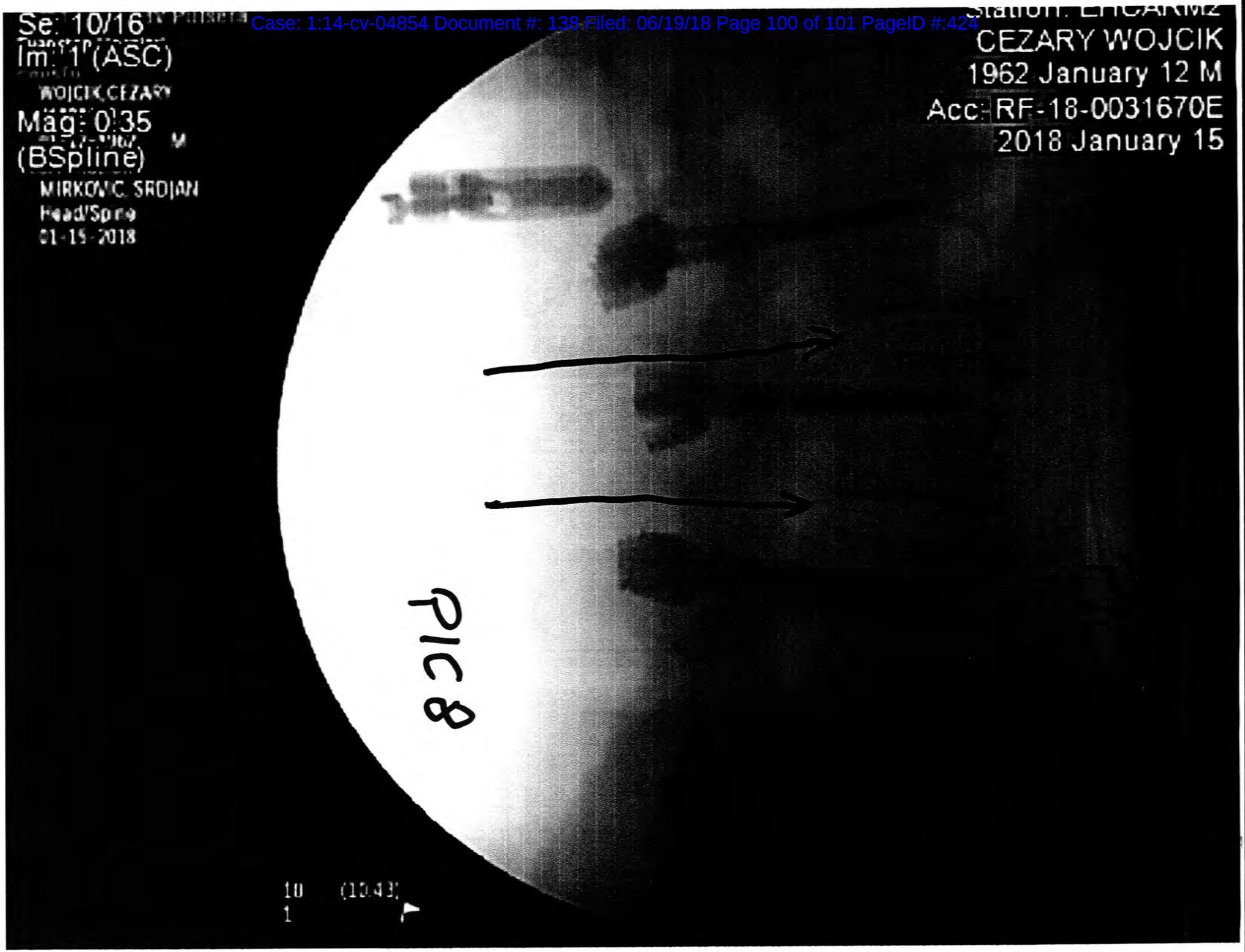

PIC. 5
PIC. 5

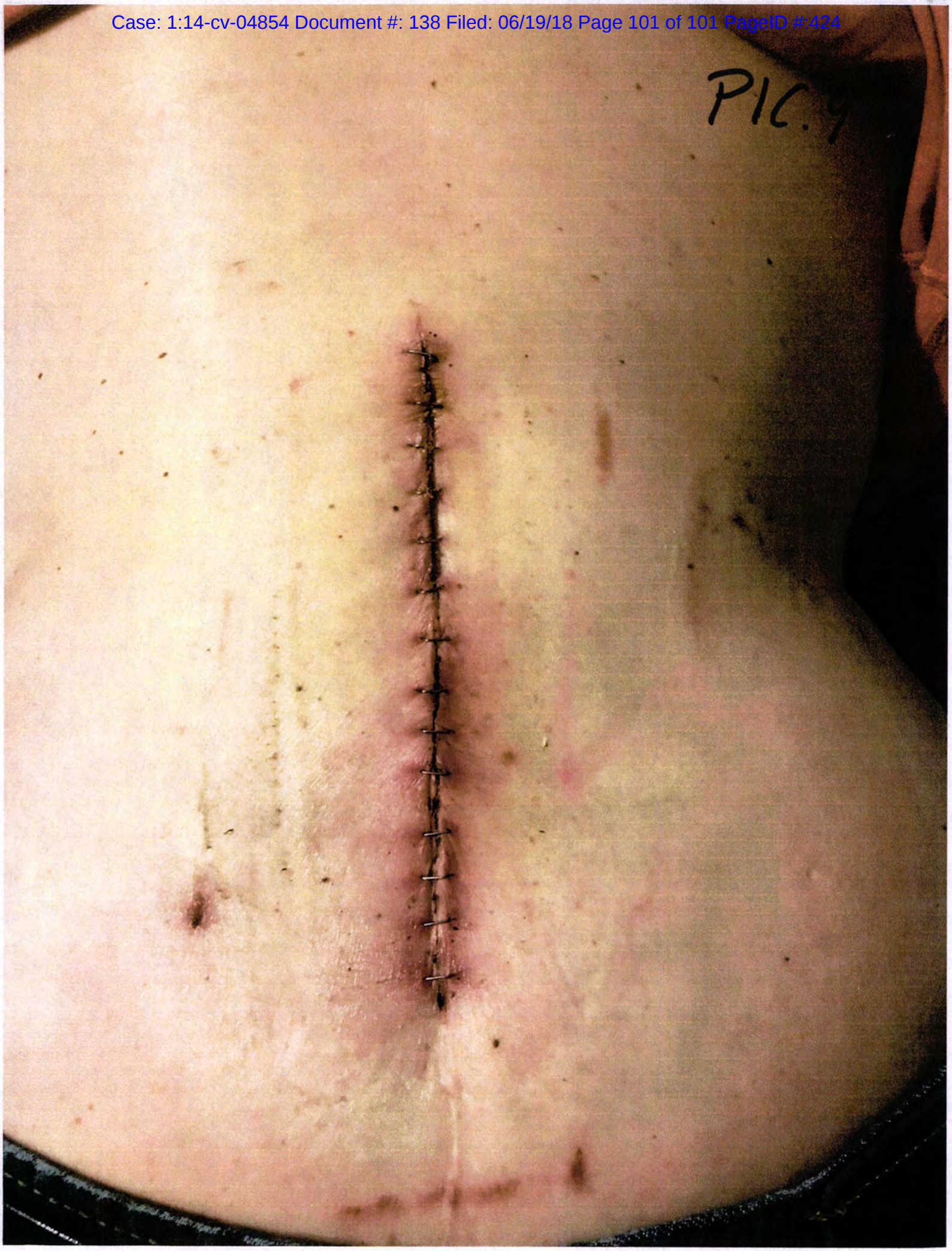
PIC 6



PIC 7




Se: 10/16
Im: 1 (ASC)
WOJCIK,CEZARY
Mag: 0.35
(BSpline)
MIRKOVIC, SRDJAN
Head/Spine
01-15-2018
CEZARY WOJCIK
1962 January 12 M
Acc: RF-18-0031670E
2018 January 15
PIC 8
10
1


PIC. 4